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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐   Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL ☒   GAS WELL ☐   OTHER•

NAME CHANGED:
~~FROM: PAN AMERICAN PETR. CORP.~~
~~TO: AMOCO PRODUCTION CO.~~
~~EFFECTIVE: 2-1-71~~

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
TURNER TR 2

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
11

4. Location of Well
UNIT LETTER K .2004 FEET FROM THE SOUTH LINE AND 1740' FEET FROM
THE WEST LINE, SECTION 34 TOWNSHIP 18-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
HOBBS GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3627 D.F.

12. County
LEA

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

In an effort to increase productivity and decrease high GOR Zone III was squeezed and Zone II opened and evaluated as follows:
Set BP @ 4137' and Squeezed perfs 4181-4207 w/ 50 Sx neat + 50 04 neat w/ ½# Tuf Plug/sx. Rev. 64 Sx. Perf. 4102-4108' w/ 2 JSPF and acidized w/ 3000 gal 15% LSTNE. Evaluated and restored to production.

Prior- FLW GO Box 1 BW 24 hrs - GOR 12,550
after - Flw 64 BO x 1 BW 24 hrs - GOR 10,600
TD-4212, PBD-4137', 5½" CSA 4210'.

OC -10-23-70
Comp 11-3-70

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE AREA SUPERINTENDENT DATE NOV 1 1970

O+2. NMOCC-11
1- SCJr
APPROVED BY _____ TITLE _____ DATE _____
1- SUSD
CONDITIONS OF APPROVAL, IF ANY: