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OPERATOR		

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUL 19 3 08 PM '67

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No. E-8979

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE 2-1-67

8. Farm or Lease Name
STATE "CP"

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

9. Well No.
1

4. Location of Well
UNIT LETTER D, 994.3 FEET FROM THE NORTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 1 TOWNSHIP 18-S RANGE 33-E NMPM.

10. Field and Pool, or Wildcat
CORBIN Abo

15. Elevation (Show whether DF, RT, GR, etc.)
4110 R.D.B.

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 [X]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

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

In an effort to increase productivity of well remedial work performed as follows:

Perforated additional intervals 8737-48, 8729-32, 8719-22, w/ 2 JSPF. Acidized w/ 2500 gal LSTNE. Evaluated

Prior- Pmp. 40 BO x 28 BW 24 hours.
after - Pmp - 49 BO x 31 BW 24 hours. GOR 1306.

TD - 8810' PERFS: 8765-80.
OC-66-67 PBD - 8783'
Comp 7-18-67 4½" CSA 8810'

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

SIGNED D. M. Mayhew TITLE Area Admin Supvr DATE 7-19-67

2- NMOCC-H
1- NSO
1- SUSP

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: