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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-8979
7. Unit Agreement Name
8. Form or Lease Name State "CP"
9. Well No. 2
10. Field and Pool, or Wildcat Carbon Abo
12. County Lea

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Pan American Petroleum Corp
3. Address of Operator Box 68, Hobbs NM
4. Location of Well UNIT LETTER E 1654.3 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 18S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 ☐
 OTHER ☐

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.

TD 8806, PBD 8790, Prod. interval 8735-78, 8688-8721, 4 1/2" CSA 8804.

In order to increase productivity of well Abo intervals sand oil fraced with 12,000 gallons gelled lease crude x 3.500# sand x 2500# glass beads.

**Prior to repairs - pmp 8BOPD
 After repairs - pmp 13BOP x 8BW in 24 hours.**

OC 2-1-65 Comp 5-3-65.

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

SIGNED *Area Foreman* TITLE *Area Foreman* DATE *5-4-65*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
0-2 AMOCC 1-1-65
1-1-65