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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.

B-7428-2

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- 2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION 3. Address of Operator BOX 68, HOBBS, N. M. 88240 4. Location of Well UNIT LETTER <u>L</u> <u>2310</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>380</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3923' R.D.B.</u>	7. Unit Agreement Name 8. Farm or Lease Name STATE CV 9. Well No. 4 10. Field and Pool, or Wildcat VACUUM Abo Reef 12. County LEA
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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 of well, perforated additional interval 8746 & 8797 w/25SPF. Acidized w/5000 gal 15%. Evaluated and restored to production.

TD- 8898

PBD- 8887

4 1/2" CSA 8898

PSA- 8672

Hyd Amp Set in Pk.

OC- 12-7-70

Comp- 1-27-71

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 JAN 27 1971

042- NMOC-10
APPROVED BY [Signature] TITLE _____ DATE JAN 27 1971
CONDITIONS OF APPROVAL, IF ANY:
1- SUSP