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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 1 2 54 PM '65

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
7. Unit Agreement Name
8. Farm or Lease Name STATE "CV"
9. Well No. 4
10. Field and Pool, or Wellcut VACUUM ARO REEF
12. County Lea

SUNDY 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 ☐	2. Name of Operator Pan American Petroleum Corp
3. Address of Operator Box 68, Hobbs, N. M. 88240	4. Location of Well UNIT LETTER L, 2310 FEET FROM THE SOUTH LINE AND 380 FEET FROM THE WEST LINE, SECTION 25 TOWNSHIP 17-S RANGE 35-E NMPM.
5. Elevation (Show whether DF, RT, GR, etc.) 3923' R.D.B.	6. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

17. Description of Nature of 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 remedial work was performed as follows:

"Squeezed perforations 8864-77 w/ 150 #4 cement. Perforated interval 8818-28' w/ 2 1/2 SPF and acidized w/ 1000 gallons"

Production prior to work over, pumped 78 BO X 182 BW. After - Flowed 118 BO X 10 BW in 24 hr. 13 1/4" ch. T-PF-500. OC-8-24-65, Comp-8-28-65. TD-8898, PBD-8887. 4 1/2" CSA 8898

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

SIGNED [Signature] TITLE Area Engineer DATE 9-1-65

APPROVED BY _____ TITLE _____ DATE _____

19. SIGNATURE OF APPROVAL, IF ANY: