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NEW MEXICO OIL CONSERVATION COMMISSION, C.

JUN 27 8 29 AM '68

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. B-7428-2
7. Unit Agreement Name
8. Farm or Lease Name STATE "CV"
9. Well No. 5
10. Field and Pool, or Wildcat VACUUM Abo Reef
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"/>	NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71
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>F</u> <u>2310</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</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.) 3919' R. D. B.	

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 ☐

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 remedial work performed as follows:

Perforated additional intervals 8826-34, 40-50, w/ 1000 gal 15%. Evaluated

Prior - pmp 22 BO x 46 BW 24 hrs.
After - Pmp 35 BO x 100 BW 24 hrs.

TD-8894
PBD-8892
4 1/2" CSA 8894.

PERFS: 8873-89 w/2JSPF
8826-34, 40-50 w/2JSPF

OC-6-13-68
COMP-6-24-68

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

SIGNED <u>[Signature]</u>	TITLE <u>AREA SUPERINTENDENT</u>	DATE <u>6/26/68</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: 1-NSO 1-SUSO 1-RR		

042- NMOC-118