

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-030941

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>DRILLING</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>PAN AMERICAN PETROLEUM CORPORATION</u>	8. FARM OR LEASE NAME <u>BATE Federal</u>
3. ADDRESS OF OPERATOR <u>BOX 68, HOBBS, N. M. 83240</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL x 1980' FWL Sec. 26 (UNIT N, SE 1/4 SW 1/4)</u>	10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>26-19-33 NMPM</u>	12. COUNTY OR PARISH <u>LEA</u>
	13. STATE <u>NM</u>

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Chico Drilling Co. spudded 12 1/4" hole 9: AM 4-28-68.
At 5:40 PM, 8 7/8" OD 32# J-55 HYDRILL CASING SET
@ 275' w/ 175#4. Gravel + 2% Gel. Cement cure.
After 720C 18 hours, tested casing w/ 600 psi for
30 minutes. Test O.K.

Reduced hole to 7 7/8" @ 275' and resumed drilling.

18. I hereby certify that the foregoing is true and correct

SIGNED J. Williams

TITLE

AREA Supervisor

DATE

4-30-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

24- USGS- 14
1- NSW
1- SUSP
1- RRY

APR 30 1968

*See Instructions on Reverse Side

L. GORDON
ACTING DISTRICT ENGINEER