NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65	
FILE			
U.S.G.S.			5a. Indicate Type of Lease
OPERATOR	•		State Fee
or charon			5. State Oil & Gas Lease No.
SUNDE	Y NOTICES AND DEPORTS ON I	WELL C	mmmmm
(DO NOT USE THIS FORM FOR PRO-	Y NOTICES AND REPORTS ON V POSALS TO DRILL OR TO DEEPEN OR PLUG BAG ON FOR PERMIT —" (FORM C-101) FOR SUCH	VELLS  K TO A DIFFERENT RESERVOIR.  PROPOSALS 1	
1. OIL GAS			7. Unit Agreement Name
WELL WELL	OTHER DRILLING		
2. Name of Operator			8. Farm or Lease Name
PAN AMERICAN PETROLEUM C	ORPORATION NAME CHANCE	DE CODE	STATE CV
BOX 68, HOBBS, N. M. 88	240 FILEAN I	The second second	9. Well No.
4. Location of Well	FEFECTIVE: 23.2	12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	2 (
			10. Field and Pool, or Wildcat
UNIT LETTER E . 1960 FEET FROM THE NORTH LINE AND 540 FEET FRO			VACUUM Hoo Keel
HEST IN STEEL	25 TOWNSHIP 17-S		
LINE, SECTION	TOWNSHIP	RANGE NMPM	
	15. Elevation (Show whether Di	F, RT, GR, etc.)	12. County
			Lea IIIIII
Check A	ppropriate Box To Indicate Na	twe of Notice. Report or Or	her Data
NOTICE OF IN	FENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
OTHER		OTHER	
<ol> <li>Describe Proposed or Completed Ope work) SEE RULE 1105.</li> </ol>	rations (Clearly state all pertinent details	s, and give pertinent dates, including	estimated date of starting any proposed
,			
<b>^ ^</b>	- 5/ "	#	
(m January	6.1971. 878 01	n 24-32 t	4-40 +J-55
	set @ 3351 urs, Lloted @ Jest O.K.		. 0
Casing was	1 Det @ 3351	W/ 250 D	4. Incor.
(1100 18 for	un tooted a		500 == fax.
WOC 10 NO	W, review Co	using we h	soo psi joo
30 min	Jast DK	/	
William . C	1111 O.K.		
$\wedge$			
/)	2 / 7/"		_
Killised hi	ole to 718"e.	3351 and 1	sumed
d selling.			
$\mathcal{O}$			
<b>\</b>			
18. I hereby certify that the information at	ove le true and complete a state a state a		······································
18. I hereby certify that the information at	ove is true and complete to the best of m	y knowledge and belief.	
18. I hereby certify that the information at	^	superintendent	.ean 8 1971
18. I hereby certify that the information at	^		JAN 8 1971
SIGNED	AREA		
O+ Z- NMOCC 4	AREA		DATE
O+ Z- NMOCC  APPROVED BY CONDITIONS OF APPROVAL, IF ANY!	AREA		
O+ Z- NMOCC 4	AREA		DATE