NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE .		5a. Indicate Type of Lease
U.S.G.S.	H22	State Fee. X
LAND OFFICE	- 100 No. 100	5. State Oil & Gas Lease No.
OPERATOR	_J	
	DEL MOTICES AND DEPORTS ON WELLS	
(DO NOT USE THIS FORM FOR FUSE "APPLIC	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN ON PLUE BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	NAME CHANGED:  OTHER- FROM FINA AMERICAN PETR. CORP.	8. Farm or Lease Name
2. Name of Operator PAN AMERICAN PETROLEUM (	CORPORATION TO: AMOUGE PRODUCTION CO. EFFECTIVE: 2-1-71	BYERS "A"
3. Address of Operator BOX 68, HOBBS, N. M. 88240		10. Field and Pool, or Wildcat
4. Location of Well	1980 FEET FROM THE NORTH LINE AND 1980 FEET FRO	
THE WEST LINE, SEC	CTION 3 TOWNSHIP 19-S RANGE 38-E NMPN	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3617 D.F.	LEA
16. Chec	k Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
	SUBSEQUEN	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING  PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JOB	peop and administration
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER		
	d Operations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
. work) SEE RULE 1103.		
0		L ural.
In an effo.	nt to increase production	y of week,
acidinal a	ersorations 4120'-4195' w/ 36	200 gal 28%.
In an effort to increase productivity of well, acidized gerforations 4120'-4195' w/ 3000 gal 28%. Evaluated and restored to production.		
Evaluated and restored to production.		
_		
Prior- amy	47 BOx 32 BW 124 hours. 502 167 71 BO x52 BW 24 hours. GOR 193	'2. 7.
		_
	OC - 4-5	
TD- 4202.	Comp - 4-2	7-68
PBD - 4197'		
5/2 (CSA(LINER) 397 (TIED INTO SURFACE	'7 - 4202. 5.	
D-050, 1120-61 1		
18. I hereby certify that the inform	atron above to the same compacts to the	
	AREA SUPERINTENDENT	DATE <u>4- 23-68</u>
SIGNED		
0+ 2- NMOCL-NS		DATE
APPHOVED BY CONDITIONS OF APPHOVAL. IF	ANY!	
1-RRY		-