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NEW MEXICO OIL CONSERVATION COMMISSION

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.

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 ☒ GAS WELL ☐ OTHER. NAME CHANGED: ~~FROM: PAN AMERICAN PETR. CORP.~~ TO: AMOCO PRODUCTION CO. ~~EFFECTIVE: 2-1-71~~

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
CAPPS

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
8

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
HOBBS (GSA)

15. Elevation *(Show whether DF, RT, GR, etc.)*

12. County
LEA

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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 of well, remedial work performed as follows:

Perforated interval 4084-90' w/2 JSPF and acidized w/ 500 gal 15%.

Prod prior - Pmp. 27 BO x 23 BW, 24 hours.
After - Pmp 57 BO x 19 BW, 24 hours.

TD - 4214'
PBD - 4212'
Perfs, 4000-50, 4190-94, 4206-11.

8⅝" CSA 3984.
5½" Liner 3928-4212.

OC - 8-7-67
Comp 9-11-67

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 9-11-67

OIL 2 - NMOCC-H
1 - NSIO
1 - SUSP

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: