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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 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>K</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3619' D F</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>CAPPS</u> 9. Well No. <u>11</u> 10. Field and Pool, or Wildcat <u>HOBBS - GSA</u> 12. County <u>LEA</u>
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## 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 ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
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, acidized perforations 4100 - 4104' w/ 2000 gal 15% LSTNE. Evaluated and restored to production.

Prior - Pmp 34 BO x 6BW - 24 hrs.  
After - " 46 " x 2" - 24 hrs. GOR 1000

TD- 4220  
PBD - 4162

OC - 10-3-69  
COMP - 10-20-69

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>OCT 31 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR</u>	DATE <u>NOV 21 1969</u>
CONDITIONS OF APPROVAL, IF ANY: <u>1- SUSP</u>		