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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 26 3 38 PM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [ ] Fee [X]

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.)

7. Unit Agreement Name

1. OIL WELL [X] GAS WELL [ ] OTHER-

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.: 11

4. Location of Well: UNIT LETTER K, 1980 FEET FROM THE SOUTH LINE AND 1980 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.): 3619 D.F.

12. County: LEA

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 [X]	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, remedial work performed as follows: Set 4½" OD Casing liner 3918-4210 w/ 80 sx Incor + Halad 9. Tested csg w/ 1000 psi. for 30 minutes. Test OK. Drilled new hole from 4210 to 4220. Acidized w/ 500 gal 28% Evaluated. Set CI Retainer @ 4208' and Squezed below w/ 255x Incor. Perforated intervals 4170-79, 88-200 w/2SPF. Acidized w/ 500 gal 28%. Evaluated. Perforated w/4 Shots @ 4149½-50½ and cemented w/ 40sx. Re-Evaluated. Set CI Ret. @ 4165'. Perforated 4100-4104 w/2SPF. Acidized w/ 700 gal 28%. Evaluated. Pumped 52 BO + 46 BW 24 hours.

TD-4220'
PBD-4162'
TP21-4100 (GSA)

OC 3-31-67
Comp 9-8-67

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 _____

Orig 2- NMOCC-N
1- NSB
1- [illegible]
1- R24

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: