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LAND OFFICE	
OPERATOR	

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-

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

8. Farm or Lease Name
CAPPS

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

9. Well No.
37

4. Location of Well
UNIT LETTER P, 760 FEET FROM THE SOUTH LINE AND 990 FEET FROM THE EAST LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
[illegible] (65A)

15. Elevation (Show whether DF, RT, GR, etc.)
3615 R.D.B.

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, remedial work performed as follows:

Drilled out cement plug from 4202 to 4241. Perforated 4205-06, 09-12, 14-20, 24-27. Acidized w/ 250 gal 15%. Acidized perfs 4211-4227 w/ 2000 gal 15%. Re-acidized w/ 5000 gal 15%. Evaluated.

Prior - pmp 8 BO x 0 BW 24 hours.
After - " 27 BO x 42 BW 24 hours.

PBTD - 4280'
NEW PBD - 4241'
OC - 11-20-67
PBD - 4202'
5½"-CSA 4280'
COMP - 1-2-68

Perfs 4134-37, 45-48, 54-57, 62-65, 74-77, 82-85, 89-92, 96-99.

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

SIGNED [signature] TITLE AREA SUPERINTENDENT DATE 1-2-68

APPROVED BY [signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

OCC-NMOCC
1-HSW
1-SOSP
1-RRH