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NEW MEXICO OIL CONSERVATION COMMISSION

APR 14 3 03 PM '69

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.

2056

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE A-2 RIAA
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 14
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat HOBBS (GSA)
15. Elevation (Show whether DF, RT, GR, etc.) 3606' DF	12. County LEA

16. 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 ☐
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 and reduce high GOR, remedial work performed as follows:
Squeezed perforations 4132- 78 w/ 200 s4 cement.
Drilled out cement and deepened from TD-4190 to 4216; Audized open hole w/ 4000 gal. Evaluated. Last 8 hr. swab 180 x 36 BW. SQUEEZED w/ 100 s4 Cmt. PBD- 4185. Perf. 4170- 84 w/ 41SPF. Audized w/ 3000 gal 15%. Evaluated 24 days.
Prior - Flow 3480 x 4 BW 24 hours. After. Pump 480 x 38 BW 24 hrs. Evaluation continuing.
TD- 4216
PBD- 4185

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 APR 14 1969

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: 1-NSW 1-5458 1-RK