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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 11 8 51 AM '65

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

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. <u>A-1212</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>STATE A-2</u>
9. Well No. <u>23</u>
10. Field and Pool, or Wildcat <u>HOBBS (GSA)</u>
12. County <u>LEA</u>

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

2. Name of Operator
Pan American Petroleum Corp.

3. Address of Operator
Box 68 Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER K 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM
THE WEST LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

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

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Casing Leak Survey</u> ☒

17. Description (Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 8-9-65, Mr. Lee Clements w/ the NM OCC in Hobbs N.M. inspected the subject well and found that the first string of pipe properly cemented in the well and all subsequent heads to and including the tubing head had satisfactory connections below ground level and proper identification above ground level. The well was subsequently filled with sand to eliminate possible caving hazard.

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

Original Signed by:
V. E. STALEY

TITLE Area Supt

DATE 8-10-65

SIGNED Leslie N. Clements

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

042 - NMOC