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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-100
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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 R1AA
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 5
4. Location of Well UNIT LETTER <u>A</u> <u>205</u> FEET FROM THE <u>NORTH</u> LINE AND <u>205</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>9</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.) 3600' (TOP CASING)	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 increasing productivity of well,
acidized open hole section 4026-4217' with
1500 gal 15% HSTNE. Evaluated and restored
to production.

Prear - pmp 71 BO + 2 BW 24 hrs. GOR 3321.
after - pmp 155 BO + 17 BW 24 hrs. GOR 3032.

TD-4245 OC-2-25-70
PHD-4217 comp-3-2-70

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 MAR 2 1970

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

1-505P.