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# 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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |
| <u>A-1212</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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 7. Unit Agreement Name                             |
| 2. Name of Operator<br>PAN AMERICAN PETROLEUM CORPORATION   | 8. Farm or Lease Name<br><u>STATE A-2 RIAA</u>     |
| 3. Address of Operator<br>BOX 68, HOBBS, N. M. 88240  | 9. Well No.<br><u>26</u>                           |
| 4. Location of Well<br>UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM<br>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<br><u>HOBBS GSA</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><u>3600' GL</u>  | 12. County<br><u>LEA</u>                           |

16.

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

|                       |                          |
|-----------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON   | <input type="checkbox"/> |
| PULL OR ALTER CASING  | <input type="checkbox"/> |
| OTHER                 | <input type="checkbox"/> |

|                  |                          |
|------------------|--------------------------|
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS     | <input type="checkbox"/> |

#### SUBSEQUENT REPORT OF:

|                            |                                     |                      |                          |
|----------------------------|-------------------------------------|----------------------|--------------------------|
| REMEDIAL WORK              | <input checked="" type="checkbox"/> | ALTERING CASING      | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS.    | <input type="checkbox"/>            | PLUG AND ABANDONMENT | <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 an effort to increase productivity of well  
audized Open Hole 4039-4190' w/ 1500 gal 15%.  
Evaluated and restored to production.

Prior- pmp 40 80 x 17 BW 24 hours. GOR 3093.  
after " 115 80 x 7 BLW 24 hrs " 1901.

TD- 4190

OC- 18-70  
Comp 1-15-70

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 JAN 16 1970 |
| 0+2- NMOCC- H<br>1- ACJR<br>APPROVED BY  | TITLE                     | DATE             |
| CONDITIONS OF APPROVAL, IF ANY:<br>1- R2 |                           |                  |

