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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
TERRY TR 2

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

9. Well No.
8

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
HOBBS GSA

15. Elevation (*Show whether DF, RT, GR, etc.*)
3590 G. L.

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 of well, remedial work performed as follows:
Squeezed perfs 4140-60 w/ 150 sx cement. WOC, drilled out to TD 4175 and deepened to 4200'. Acidized open hole w/ 500 gal LSTNE, Evaluated. All water. Squeezed w/ 125 Sx Cmt. Perf 4108-4112 w/ 2SPF, acid 4/250 gal. Eval. Pmp 3 BO x 58 BW 24 hr. Squeezed w/ 85 Sx cement. Drilled out to 4153 (PBD). Perforated 4134-48' w/ 2SPF. Acidized w/ 500 gal 15%. Evaluated.
PT- Pmp 22 BO x 3 BW 24 hrs.
Prior- Pmp 24 BO x 93 BW 24 hr.

TD-4200 PERFS: 4134-48 OC-10-14-69
PBD-4153 Comp-12-29-69

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 6 1970

0 & 2 NMOCC-H
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
1-JOS D
1-RLH