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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION		8. Farm or Lease Name THORP R/A A
3. Address of Operator BOX 68, HOBBS, N. M. 88240		9. Well No. 11
4. Location of Well UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 19S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat HOBBS - GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3606' RDB		12. County LEA

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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  
acidized Open Hole 4020' - 4202' w/ 4000  
gr LSTNE. Evaluated and restored to  
production.

Prior - Pmp. 32 BOX 0 BW 24 hrs.  
After - Pmp 49 BOX 21 BW 24 hrs.

TD - 4202'  
8 5/8" CSA 4020'  
OH 4020-4202'

OC - 10-8-69  
Comp - 10-20-69

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 OCT 31 1969

2-NMOSC-N

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

