

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

MAR 6 1970
Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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- NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE 2-1-71	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	5. State Oil & Gas Lease No.
3. Address of Operator BOX 68, HOBBS, N. M. 88240	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>2310</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>10</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	8. Farm or Lease Name <u>THORP 11-1</u>
	9. Well No. <u>7Y</u>
	10. Field and Pool, or Wildcat <u>HOBBS GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3611-DF</u>	12. County <u>LEA</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On an effort to increase productivity
of well audited open hole section 4070-4201
w/1500 gal 15% LSTNE. Evaluated & restored
to production.

Pre- pump 37 BO + 4 BW 24 HAS.
After- " 61 BO + 22 BW " "

TD-4201

OC-2-26-70

Comp 3-4-70

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 3-4-70

APPROVED BY 1-11-70
CONDITIONS OF APPROVAL, IF ANY:
1- SUSP

TITLE Gas Inspector

DATE 3-4-1970