NO. OF COPIES RECEIVED	· · · · · · · · · · · · · · · · · · ·	
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION CONVICTION	C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		A-1212
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 57 GAS		7. Unit Agreement Name
2. Name of Operator		8. Farm of Lease Name
PAN AMERICAN PETROLEUM CORPORATION 3. Address of Operator		STATE A-2 RIA A
BOX 68, HOBBS, N. M. 88240		9. Well No. 35
4. Location of Well	350 FEET FROM THE NORTH LINE AND 1650 FEET I	10. Field and Pool, or Wildcat
		FROM HOBBS GSA
THE <u>FAST</u> LINE, SECTION	ON TOWNSHIP	MPM. (())
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
16.	3612 R. U. B.	LEA MILLINI
Check A NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report or SUBSEQU	Other Data ENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORABILY ABANDON	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TESTAND CEMENT JOB	4
	OTHER COMPLETED	u operatious &
OTHER		,
17. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
On 1-17-70 5%	"OD 14# FWP Casing was W/ 4755x Incop neal +	D1100 0000001
	11/ A75 0	nan anaver
@ 4222(10)	WI 4155x Incop next + 1	25% LFR-2.
Tested Cusin	9 W/ 1000 ps, for 30 min	v. dest. Ok.
Ilsted Casing W/ 1000 ps, for 30 min. Dest. Ok. after MOC. apply so houls, sperjarated San anaux 40207-21 W/ 255pt. audis de W/ 1000 zul 15%. Swab and evaluated.		
40207- 21 W	25 pt. audisid w/ 1000 g	al 15%. Swab
DT. Swab 62	2 BO x 41 GW Bhw. GOR 1281, Cg	gr35°, 19 MCFG.
	•	
,		
TD-4222'		
	•	
Camy 1-22-70		
w'		
18 I haraby custify that the information	API-No.	30-025-234/6
10.1 hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
SIGNED	AREA SUPERINTENDENT	DATE
D+ 2. NIMOCC W	7 l-17	
APPROVED OF	fall 1 TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY		
//	,	
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