

Form 20-1
May 1964

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT NO. _____
DATE OF PERMIT _____
WELL NO. _____

OFFICE OF THE DISTRICT ENGINEER
ALBUQUERQUE, NEW MEXICO
62-20-37 (c)

STANDARD NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for each proposal.

1. NAME OF OPERATOR PAN AMERICAN OIL COMPANY 2000 R. ROAD, N. W. 80240	2. TYPE OF WELL ☒ DRY HOLE ☐ OIL ☐ GAS ☐ OTHER	3. NAME OF WELL NEW DRINKARD	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below. At surface 1985' FWL x 1985' FWL Sec. 22 (UNIT F 524 1984)	5. COUNTY OF PERMIT LEA	6. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, RT, CR, etc.) 3549' R.D. 3.	12. COUNTY OF PERMIT 10. 11.			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	SEALING ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☒ RECOMPLETION ATTEMPT	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

Recompletion attempt in the Lower Drinkard was a failure.
FELPS N - Perf 5634-5634' well depth 15032' net.
FELPS - Felps 6332-6340' were depth 15034' net.
which and changed out to TD-6350 (51" C&A 6325)
16 1/2" DRINKARD- Deepened from 6325 to 6334'.
acidized open hole w/ 2000 gal 15% evaluated.
No show of oil or gas. Swab 128 BW on last 3 hrs.

TEMPORARILY ABANDONED well by closing wellhead valves.

19. I hereby certify that the foregoing is true and correct

SIGNED _____	TITLE AREA SUPERINTENDENT	DATE JAN 31 1965
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(Leave space for Federal or State office use)

APPROVED BY _____	TITLE _____	APPROVED _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY:

62-20-37-A

*See Instructions on Reverse Side

GORDON
ACTING DISTRICT ENGINEER