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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 13 8:08 AM '65
 Form C-102
 Superseded by C-103
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-1557
7. Unit Agreement Name
8. Farm or Lease Name STATE "C" TR. 13
9. Well No. 9
10. Field and Pool, or Wildcat DRINKARD-OIL
12. County LEA

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Pan American Petroleum Corp	8. Farm or Lease Name STATE "C" TR. 13
3. Address of Operator Box 68 Hobbs, N.M. 88240	9. Well No. 9
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 36 TOWNSHIP 21-S RANGE 37-E N.M.P.M.	10. Field and Pool, or Wildcat DRINKARD-OIL
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	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.

On 7-15-65, 7"OD 20-26" H-40 + J-55 casing was set at 6670' (TD) w/ 270 st Incon 8% Gel + 250 st Incon neat. Tested casing w/ 2200 psi for 30 minutes. Test O.K.

Perforated Drinkard intervals 6415-18, 6427-30, 6441-44, 6474-80, 6484-88, 6508-12, 6520-24, 6552-67 w/ 25PF. Acidized w/ 2000 gallons + fraced w/ 30,000 gal oil, 30,000 # sand & 3,000 # glass beads. On test flowed on intermitter 61 BO x 8BW in 24 hrs. BOR 1810'.

FTP-400-100

TVBB completion attempt to follow on subsequent report.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed by:
V. E. STALEY

SIGNED _____ TITLE **Area Supt** DATE **8-11-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: