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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 12-7 PM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65 O. C.

5a. Indicate Type of Lease: State ☐ Fee ☒

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 ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
HOWSE "C"

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
1

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 11 TOWNSHIP 20-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
HOUSE-DRINKARD

15. Elevation (Show whether DF, RT, GR, etc.)
3577 R.D.B.

12. County
LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Recompletion ☒	

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 accordance w/ Form C-101 dated 12-26-68, re-completion accomplished as follows:

HOUSE Zone - Abandoned by setting CI retainer @ 7150' and squeezing perfs 7214-7764 w/100 SX cement.

HOUSE DRINKARD - Perforated intervals 6964-68', 72-76', 82-84', 88-90', 7004-08', 14-19', 29-33' w/2 JSPF. Acidized w/3000 gal 15%. Evaluated. PT. Swab and flow 113 BO x 18 BW 9 Hr.

TD- 7810'
PBD- 7150'
[redacted] 6900'
2" Tbg @ 7040'

OC- 12-31-68
COMP- 1-6-69

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 JAN 7 1969

APPROVED BY _____ TITLE SUPERVISOR DISTRICT II DATE JAN 9 1969

CONDITIONS OF APPROVAL, IF ANY:

Orig. & 2. NMOCC
1-NSW
1-SUSP
1-RPA