| NO. OF COPIES RECEIVED                                | ·   |  | Form C-103                              |
|---|---|--|---|
| DISTRIBUTION  |   |  | Supersedes Old                          |
| SANTA FE  | NEW MEXICO OIL CONS   | ERVATION COMMISSION  | C-102 and C-103<br>Effective 1-1-65     |
| FILE  |   |  | 21.001140 1.4-03                        |
| U.S.G.S.  | ·   | $\mathcal{N}(p,\frac{1}{2}) = \{ \frac{1}{2}, \dots, \frac{1}{2}, \dots, \frac{1}{2}, \frac{1}{2}, \frac{1}{2} \}$ | 5a. Indicate Type of Lease              |
| LAND OFFICE   |   |  | State Fee X                             |
| OPERATOR  |   |  | 5, State Oil & Gas Lease No.            |
| OFERATOR  |   |  | o, state on a das Lease No.             |
| SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICATION" | Y NOTICES AND REPORTS ON POSALS TO BRILL OR TO DEEPEN OR PLUE BE OF THE POSALS TO THE POSALS TO | WELLS  ACK TO A DIFFERENT RESERVOIR.  H PROPOSALS.)  |   |
| OIL GAS WELL WELL                                     | OTHER-  |  | 7. Unit Agreement Name                  |
| 2. Name of Operator                                   | OTHER-  |  | 8, Farm or Lease Name                   |
| PAN AMERICAN PETROLEUM CORPORATION                    |   |  | HOWSE "C"                               |
| 3. Address of Operator                                |   |  | 9. Well No.                             |
| BOX 68, HOBBS, N. M. 88240                            |   |  | 1                                       |
| 4. Location of Well                                   |   |  | 10. Field and Pool, or Wildcat          |
| UNIT LETTER H   | 980 FEET FROM THE NORTH   | L LINE AND 660 FEET FROM   | WILDCAT ABO                             |
| Fact  | 11 20   | S 28 F   |   |
| THE FAD LINE, SECTION                                 | ON TOWNSHIP   | D RANGE DO-E NMPM  |   |
| mmmmmmm   | 15. Elevation (Show whether   | DE RT CR etc.)   | 12. County                              |
|   |   |  |   |
| di d              |   | R.D.B.   | I LEA MILLINI                           |
| Check A   | Appropriate Box To Indicate N   | lature of Notice, Report or Ot   | her Data                                |
| NOTICE OF IN  | ITENTION TO:  | SUBSEQUEN  | T REPORT OF:                            |
| PERFORM REMEDIAL WORK                                 | PLUG AND ABANDON  | REMEDIAL WORK  | ALTERING CASING                         |
|   | PEGG AND ABANDON  |  |   |
| TEMPORARILY ABANDON                                   |   | COMMENCE DRILLING OPNS.  | PLUG AND ABANDONMENT                    |
| PULL OR ALTER CASING                                  | CHANGE PLANS  | CASING TEST AND CEMENT JOB   | L                                       |
|   |   | OTHER  |   |
| OTHER   |   |  |   |
| 17. Describe Proposed or Completed Op                 | perations (Clearly state all pertinent det  | l<br>ails, and give pertinent dates, including   | estimated date of starting any proposed |
| work) SEE RULE 1 103.                                 | + Li increase   | an duction.  | Mempled                                 |
| to air all a  | t to increase ud frac the l   | Chamber 3  | , actingpesses                          |
| no accarse a  | na peac she i   | coo. attempt   | ed to acidize                           |
| W/ 2000 zal ka  | g. Communic   | ated after 15  | too gal was                             |
|   |   |  | communication                           |
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| abunitored  | Perani sumai  | na laxusmens   | - and                                   |
| professed to be                                       | Ceran pumper  | y - y - y  |   |
| restored to p   | conceenc.   |  |   |
|   | PERFS: 7214-1782' D   | bo   |   |
| PBD-7805'   | 00- 12-21-67  | ·  |   |
| 4/3" Liner 4/97-78/0.                                 | ONIP-1-8-68   |  |   |
| 18. I hereby certify that the information             | above is true and complete to the best  | of my knowledge and belief.  |   |
|   |   | has dien   | 11110                                   |
| SIGNED  | TITLE   | Rew Yxups  | . date <u>/-/0.68</u>                   |
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| 1- NSW  | 110   | •  |   |
| APPROVED BY   | X Meney TITLE   |  | DATE                                    |
| CONDITIONS OF APPROVAL, IF ANY                        |   | ,  |   |
| 1-RRi   | . Commence  | of the same  | distal)                                 |
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