

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well in a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

| | | |
|---|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRILLING | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION | | 8. FARM OR LEASE NAME GILLULLY "B" Federal |
| 3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240 | | 9. WELL NO. 12 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL x 1980' FEL Sec. 22 (Unit J, NW 1/4 SE 1/4) | | 10. FIELD AND POOL, OR WILDCAT WILDCAT-SILURIAN |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3529.5 RDB | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-20-37 NMPM |
| | | 12. COUNTY OR PARISH LEA |
| | | 13. STATE N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(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.)*

On 6-20-68. 9 5/8" OD 36" H-40 & J-55 casing was set @ 3783' w/ 1050 lb Incon 8% Oil plus 300 lb Incon meat. After HOC 18 hours tested casing w/ 1000 psi for 30 min. Test O.K.

Reduced hole to 8 3/4" @ 3783 and resumed drilling.

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **6-25-68**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4- USGS-1d
1- N 3 W
1- SUSP
1- RRY

*See Instructions on Reverse Side

APPROVED

JUN 27 1968

J L GORDON
ACTING DISTRICT ENGINEER