

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIP
(Other instructions on reverse side)
HOBBS OFFICE U. S. G. C.FEDERAL APPROVAL
Budget (attach)
5. LEASE DESIGNATION AND
6. IF INDIAN, ALLOTTEE OR TRUST

LG-031736(6)

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—" 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 GILULLY "B" Federal
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2086 FNL x 1874 FEL Sec. 22 (Unit G, SW 1/4 NE 1/4)	10. FIELD AND POOL, OR WELL AT CASS PENN
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-20-37 NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 8/20/68, 9 5/8" 32.3-36" H-40 + J-55 casing was set 3777' and cemented w/1250 sy Incon + 8% Gel + 300 sy neat. After WOC 18 hours, tested casing w/ 1500 psi for 30 min. Test OK.

Reduced hole to 8 3/4" @ 3777' and resumed drilling.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

AUG 23 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 26 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER014-USGS-H
1-N5W
1-SUSP
1-D211