

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031736 (2)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ DRILLING

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL x 1980' FWL Sec. 34 (Unit F, SE 1/4 NW 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GILLULLY "B" FEDERAL

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

34-20-37 NMPM

12. COUNTY OR PARISH

13. STATE

LEA

N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☒ Spudding

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Big West Drilling Co. spudded 17 1/2" hole 3: PM, 6-26-69.

On 6-27-69, 13 3/8" OD 48" H-40 ST&C Casing was set @ 332' w/ 250 Sx. Incon 4% Gel + 100 Sx. Incon. Cement circ. after WOC 18 hours. Tested casing w/ 1000 psi for 30 min. Test O.K.

Reduced hole to 12 1/4" @ 330' and drilled to 2614' and set 9 7/8" OD 32.3" H-40 ST&C Casing @ 2614' w/ 900 Sx. Incon 8% Gel + 200 Sx. Incon. Cement circulated. after WOC 18 hours. Tested casing w/ 1500 psi for 30 min. Test O.K.

Reduced hole to 8 3/4" @ 2614' and resumed drilling.

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE JUL 9 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

0-4 - USGS - M

1 - NSW

1 - SUSP

1 - RRY

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

JUL 11 1969