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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMCO PRODUCTION CO. EFFECTIVE: 2-1-71	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION		8. Farm or Lease Name SOUTHLAND ROYALTY A
3. Address of Operator BOX 68, HOBBS, N. M. 88240		9. Well No. 37
4. Location of Well UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>585</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>9</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat BUNEBRY-DRINKARD
15. Elevation (Show whether DE, RT, GR, etc.) <u>3480' RDB</u>		12. County LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Downhole Commingling</u> <input checked="" type="checkbox"/>

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.

Downhole commingling was effected 2-15-70  
in accordance with DMC - Order # 32, dated 1-19-70.

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 FEB 25 1970
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: 1 - SUSP 1 - CLOS		