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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
B-1557

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"/>	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	8. Farm or Lease Name STATE C Tract 12
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 7
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>16</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat BLINEBRY-DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3499' DF	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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.

In accordance w/ NMOC order DHC-17, 12-30-69,  
downhole commingling was commenced  
during January, 1970.

POOLS  
BLINEBRY- OIL  
DRINKARD- OIL

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 JAN 28 1970
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE JAN 30 1970
CONDITIONS OF APPROVAL, IF ANY: 0+ 2- NMOC-14 1- 1031 1- 03 Rmpan 1- 007		