NO. OF COPIES RECEIVED	7	F = 0.14
DISTRIBUTION	HOBBS OFFICE OF	Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	JIM C 10	Effective 1-1-65
U.S.G.S.	Jun 6 10 20 AM '69	5a. Indicate Type of Lease
LAND OFFICE	711 03	State X . Fee.
OPERATOR		5, State Oil & Gas Lease No.
		B-1557
SUNDI (DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIN. TION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL WELL	OTHER- DRILLING	7. Unit Agreement Name
2. Name of Operator PAN AMERICAN PETROLEUM CO	ORPORATION	8. Farm or Lease Name STATE C TRACT
BOX 68, HOBBS, N. M. 88240	9. Well No.	
4. Location of Well	770 - (10. Field and Pool, or Wildcat
UNIT LETTER	3300 FEET FROM THE SOUTH LINE AND 1980 FEE	ET FROM UNDESIGNATED
-	0 0 0 70 7	
THE EAST LINE, SECT	10N 2 TOWNSHIP 21-S RANGE 36-E	_ NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Illih isi sisisan pinan sinan si i ini i oni sisis	LEA
le. Charle	Appropriate Des To Indiana November of Novine Day	
	Appropriate Box To Indicate Nature of Notice, Report INTENTION TO: SUBSEC	or Other Data QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	TEGO AND ABANDONMENT
	OTHER	<u> </u>
OTHER		
17. Describe Proposed or Completed C work SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, in	cluding estimated date of starting any proposed
Buallet A	Isla Co soudded 12/4 t	role 2:30 PM, 6-1-69
The same of the sa	// . /h . /h . /	-
UN 6-2-69, C	356" OD 24" J-55 Casing	was ser & 1278
and lemente	L W/ 800 St Incor 4% Bu	el 1, 200 54 Incor
model Romes	1000 psi for 30 min. Des	18 have to a
mear. com	or and. after noc i	o hours rested
casing of	000 ps/ for 30 min. cles	1 O.K.
		·
Leduced K	ale to 71/8" c 1278' and	resumed drelling
	χ.	V
	•	

18. I hereby certify that the information above is true and	d complete to the best of my knowledge and belief. AREA SUPERINTENDENT		6-4-69
OF APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE MAN PROPERTY OF A	DATE	