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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.
MAY 1 3 26 PM '69

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

5a. Indicate Type of Lease: State ☐ Fee ☒

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 ☐ GAS WELL ☐ OTHER- DRY HOLE

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

8. Farm or Lease Name
GRIZZELL "B"

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
1

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 8 TOWNSHIP 22-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat
PADDOCK-

15. Elevation (*Show whether DF, RT, GR, etc.*)
3422' D. F.

12. County
LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT 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 ☐	
OTHER ☐		OTHER RECOMPLETION ATTEMPT ☒	

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.

DRINKARD ZONE - Abandoned by setting CIBP @ 6430' and capped w/ 20' cement.

PADDOCK ZONE - Perforated interval 5278-88 w/2JSPF. Acidized w/ 2000 gal 15%. Evaluated. Last 10 hours, swabbed 135 BW x 1% oil. Set Retainer @ 5220' & Sqz w/50 Sx Incor - Left 13' Cap on Retainer.

Perforated intervals 5110-18, 32-40, 51-54, 75-78' w/2JSPF. Acidized w/ 4000 gal 15%. Evaluated. Never recovered load.

TEMPORARILY ABANDONED WELL 4-28-69 by closing well head valves. To remain in this status pending further evaluation and/or possible use in secondary recovery operations.

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 APR 30 1969

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

042-NMOCC-H
1-NSW
1-SUSP
1-RRY