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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 7 1968

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9612

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 "T"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 1Y
4. Location of Well UNIT LETTER <u>K</u> <u>2080</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1880</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>32</u> TOWNSHIP <u>22-S</u> RANGE <u>38-E</u> NMPM. 10. Field and Pool, or Wildcat Paddock, South	
15. Elevation (Show whether DF, RT, GR, etc.) 3403' R.D.B.	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 <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 JOBS <input type="checkbox"/>	OTHER <input 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 an effort to increase productivity of well, acidized preparations 5155-80' w/ 2000 gal 15% LSTNE, Evaluated, and restored to production.

Prior - pmp 25 BO x 0 BW 24 hours.
After - pmp 116 BO x 17 BLW 24 hours.

OC - 9-28-68 TD - 5803'
Comp - 10-2-68 PAD - 5210'
4 1/2" CSA 5803'

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 OCT 4 1968

APPROVED BY Leslie A. Clement TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
1-8USP
1-R&A