Form 3160-5
(June 1990)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS JAN 10 10 00 AM '97

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NMNM1410

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well	
☒ Oil Well ☐ Gas Well ☐ Other	

2. Name of Operator
Me-Tex Oil & Gas, Inc.

3. Address and Telephone No.
P.O. Box 2070, Hobbs, NM 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter M, 660 Feet from the South Line and 990 Feet from West Line Sec. 6, T-22S, R37E, Lea County

8. Well Name and No.
Pancana Federal #1

9. API Well No.
30-025-25397

10. Field and Pool, or Exploratory Area
Blinebry/Tubb/Drinkard

11. County or Parish, State
Lea ,County, New Mexico

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other __Changing tubing string__	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please change tubing string to read as follows:
  Commingled Downhole
  Pancana Federal #1 - 300252539700C1 - Drinkard
            300252539700C2 - Tubb
            300252539700C3 - Blinebry

Effective January 1997

JAN 13

14. I hereby certify that the foregoing is true and correct

Signed _____ Title __Secretary/Treasurer__ Date __1-9-97__

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side