

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030180-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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" 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 Corp	8. FARM OR LEASE NAME C.M. FARNSWORTH "B"
3. ADDRESS OF OPERATOR Box 68 Hobbs, N.M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL X 1650' FWL, Sec. 7 (UNIT K, NE1/4 SW1/4)	10. FIELD AND POOL, OR WILDCAT JALMAT - OIL
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-26-37 NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2952' GL	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

17. 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.)*

In accordance w/ Form 9-331C dated 9-15-65, Jalmat gas zone perforations 2826-46 were squeezed w/ 100 sq. Incon neat cement. Deepened from 3019 to 3039 (TD). Acidized open hole section (3019-39) w/ 200 gallons LSTNE. Scrubbed in and evaluated.

On PT, well pumped 32 BO X 292 BW in 24 hours on 9-25-65.

TD-3039
OC 9-14-65
Comp 9-25-65

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

SIGNED

Original Signed by
J. E. STANLEY

TITLE

Area Supt

DATE

9-27-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

①
0+4 USGS
1-NMOC
1-JWB
1-SUSP
1-RR4

*See Instructions on Reverse Side

J. L. COLEMAN
ACTING DISTRICT ENGINEER