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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 7 7 15 AM '66

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 69316
7. Unit Agreement Name
8. Farm or Lease Name State "AJ"
9. Well No. 3
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

SUNDY 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Pan American Petroleum Corporation
3. Address of Operator Box 68 - Hobbs, New Mexico - 88240
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 25-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3072' RDB

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Status Report on Temp. Abn. Well

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.

Well has been depleted in the Queen (Penrose) and has been shut-in since 10-4-65.

Well is located on the edge of an area of several other Langlie Mattix wells which are nearing depletion and could possibly be considered for inclusion into a secondary recovery Unit.

Well was temporarily abandoned by closing the well head valves.

No change in status since report filed 7/7/65.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed by:
V. E. STALEY TITLE Area Superintendent DATE 1/5/66

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: