

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030180-A 6

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Pan American Petroleum Corp.	8. FARM OR LEASE NAME C/O. FERNANDIN "B"
3. ADDRESS OF OPERATOR Box 68 Hobbs, NM 88240	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 920' FNL X 497' FWL, Sec 7 (Unit D, NW1/4 NW1/4)	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 N1/2 P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2965' R.D.B.	12. COUNTY OR PARISH * 13. STATE LEA NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Completion</u> ☒	

(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.)*

TD-2970' On 7/5/65, 5 1/2" OD 14" H-40 Casing was set at 2970' w/ 150 sq Inco x 1/2" Juff Plug per sq. Tested casing w/ 1500 gal for 30 minutes. Test O.K. Perforated interval 2947-52 w/ 255PF. Acidized w/ 500 gal.

On PT, well pumped 39 B0 x 457 BW in 18 hrs. 29r. 29.6°. GOR-NA.

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

SIGNED Original Signed V. J. STALON TITLE Area Supv DATE 7-19-65

(This space for Federal or State office use)

APPROVED BY APPROVED TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER