

COPY TO...

U.S. G.S. FORM 1000-1 (Rev. 1-6-64)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-020180 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SURVEY 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. <input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER                       | 7. UNIT AGREEMENT NAME                                               |
| 2. NAME OF OPERATOR<br>PAN AMERICAN PETROLEUM CORPORATION                                                                               | 8. FARM OR LEASE NAME<br>FARNSWORTH A Federal                        |
| 3. ADDRESS OF OPERATOR<br>BOX 68, HOBBS, N. M. 88240                                                                                    | 9. WELL NO.<br>11                                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL, OR WILDCAT<br>SCHROBOROUGH VATES 7-R's           |
| 14. PERMIT NO.<br>330 FNL x 1659.9 FNL Sec. 18 (Unit C, NE 1/4 NW 1/4)                                                                  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>18-26-37 NMPM |
| 15. ELEVATIONS (Specify whether DF, RT, GR, etc.)<br>2967 R.D.B.                                                                        | 12. COUNTY OR PARISH<br>LEA                                          |
|                                                                                                                                         | 13. STATE<br>N.M.                                                    |

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

| NOTICE OF INTENTION TO:                         |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|-------------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>    | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACURE TREAT <input type="checkbox"/>          | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACURE TREATMENT <input type="checkbox"/>     | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>       | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>         | (Other) <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 an effort to increase productivity propose to perforate and acidize additional pay. as follows:

Perforate 2869, 2873, 2887, 2895, 2939-41, 2971, 2974.  
2991, 2999, 3002, 3013-20 w/2JSPF. Acidize w/500 gal 15% LSTNE. EVALUATE and restore to production.

Test 3-14-70, Pmp. 7BD x 70BW 24 hrs.

TD-3313  
PDE-3100

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

|                                              |                            |                  |
|----------------------------------------------|----------------------------|------------------|
| SIGNED: _____                                | TITLE: AREA SUPERINTENDENT | DATE: MAY 7 1970 |
| (This space for Federal or State office use) |                            |                  |
| APPROVED BY: _____                           | TITLE: _____               | DATE: _____      |
| CONDITIONS OF APPROVAL, IF ANY:              |                            |                  |

**APPROVED**  
MAY 8 1970  
ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

**RECEIVED**

MAY 12 1970

OIL CONSERVATION COMM.  
HOODS, N. H.