

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other Instructions on re-
verse side)

ATB*

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC-032450(a)
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INPUT WELL	7. UNIT AGREEMENT NAME CORTLAND MYERS UNIT
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 1980' FWL Sec. 22 (Unit F, SE 1/4 NW 1/4)	10. FIELD AND POOL, OR WILDCAT LANGLIE MATRIX-OIL
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3267' R.D.B.
	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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

SUBSEQUENT REPORT OF:

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

(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 injectivity of well propose to perforate upper Queen intervals 3291-93, 3302-04, 14-21, 25-28, 33-37, 45-48, w/ 255 PF, Acidize w/ 1000 gal. 15% and restore to injection. Packer to be reset @ approx. 3240'.

TD- 3570'
PBD- 3533'
OPM Hole- 3363-3560'
5 1/2" CSA 3363'

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE AUG 12 1969

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 13 1969

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

0-4- USGS -H
1-NSW
1-SUSP
1-RRY