

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRI
(Leave Instructive
Volume)

DATE
or re

Form 1-57-1
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND NO.
10-031450(2)
6. IF INDIAN, ALLOTTEE OR TRUST

CONCRETE NOTICE AND REPORT ON WELL

(Do not use this form for proposals to drill or to design or to place in a different reservoir.
See "APPLICATION FOR PERMIT" for more information.)

7. UNIT AGREEMENT NAME
CLAY AND PETERS UNIT
8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR NAME

11. SEC., T., R., S., OR COR. AND
SURVEY OR AREA
LONGUE MATTIX

12. COUNTY OR PARISH 13. STATE
22-24-32 NMPM
LEA N.M.

1. ☐ OIL ☐ GAS ☐ OTHER ☐
2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR
BOX 68, HOESS, N. M. 88460
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1000' N. 1000' E. 1000' S. 1000' W. (1/4 Sec. 32, T. 22N, R. 24E, N.M.)
14. PERMIT NO.
15. ELEVATIONS (SHOW WHETHER DT, AT, OR, ETC.)
222' 2. D. G.
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) ☒ <i>Complete Report</i>	

(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.)

On 8-14-63, completion work was completed as follows:

Drill and cement out sand free to 5533'.
Run 5 1/2" 50-4.75 J-55 plastic coated tubing with Johnson type tension packers. Packers set @ 5300'.

ILLEGIBLE

TO-570
5 1/2" CGA 3532
CHAS. H. 5000-5000

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE AUG 14 1968
(This space for Federal or State office use)

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

PROVED
AUG 15 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side