

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

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on re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032456(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 ☐ GAS WELL ☐ OTHER ☒ INPUT WELL

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FSL x 1650' FEL Sec. 22 (UNIT J, NW 1/4 SE 1/4)

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3258' D.F.

7. UNIT AGREEMENT NAME
CORTLAND MYERS UNIT

8. FARM OR LEASE NAME

9. WELL NO.

6

10. FIELD AND FOOT, OR WILDCAT

LANGLIE MATTIX - OIL

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

22-24-37 NMPM

12. COUNTY OR PARISH
LEA
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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. 3261-70, 75-77, 87-89, 95-3303, 15-23, 31-33' w/2JSPF. Acidize w/ 1000 gal 15% and restore to injection. Packer to be set @ 3220'.

TD- 3562

ODEN-HOLE 3358'- 3540'.

5 1/2" CSA 3358'

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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side

