

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. CASE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-7488

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 ☐

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 80420

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

1968.45' FNL x 1980' FEL Sec. 6 (Unit G, SW 1/4 NE 1/4)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MYERS B Federal

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATIX

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

6-24-37 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3331' 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

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*

STATUS REPORT

(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.)*

This well was shut-in during January, 1969, by closing the wellhead valves. Uneconomical to produce.

To remain in this status pending future use in secondary recovery operations.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE SEP 12 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

U. S. Geol. Survey, Hobbs District

014-USGS-H

1-NSW

1-SUSP

*See Instructions on Reverse Side