

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other Instruc
verse side)DATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-7488

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

INVERS "B" Federal

9. WELL NO.

6 KH 13 2043

10. FIELD AND POOL, OR WILDCAT

LANGLIE-MATTIX

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

7-24-37 NM PM

12. COUNTY OR PARISH

LEA

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐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

2310' FNL x 660' FNL Sec 7 (Unit E. SW/4 NW/4)

14. PERMIT NO.

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

3328' DF.

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.) *

This well was shut in 12/62, by closing well head valves. Uneconomical to produce.

To remain in present S-I status pending future use in secondary recovery operations.

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

SIGNED

AREA SUPERINTENDENT

TITLE

DATE SEP 12 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

U. S. Geol. Survey, Hobbs District

2-4 USGS-14
1-NSW
1-SUSP

*See Instructions on Reverse Side