Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

HOBBS OFFICE O. C. C.
NOV 23 11 07 AM '66

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

1. OIL WELL [X] 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
1980' FNL & 1980' FWL Sec. 7 (Unit F, SE/4 NW/4)

5. LEASE DESIGNATION AND SERIAL NO.
NM 032450 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Myers "B" Federal RA

9. WELL NO.
9 Battery

10. FIELD AND POOL, OR WILDCAT
Langlie - Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-24-37 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3326' D.F.

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:				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) Status of Well			[X]
(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.)*

Effective 11-1-66, this well has been classified as a temporarily abandoned well and was effected by closing the wellhead valves.

Well to remain in this status pending possible secondary recoverage use.

(TA Per Mr NSW's letter dated 11-11-66 File SJO-223-400.1)

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

SIGNED [signature] TITLE Area Foreman DATE 11-21-66

(This space for Federal or State office use)

APPROVED BY ________ TITLE ________ DATE ________
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 22 1966
J L GORDON
ACTING DISTRICT ENGINEER

0+4-USGS-11
1-NSW
1-SUSP
1-[illegible]

*See Instructions on Reverse Side