

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
reverse side)

TE  
re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**NM-037667**

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**MINERS "B" Federal**

9. WELL NO.

**12**

10. FIELD AND POOL, OR WILDCAT

**FOULDER DENIGAN**

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

**9-24-37 N MPM**

12. COUNTY OR PARISH 13. STATE

**LEA**

**N.M.**

2. NAME OF OPERATOR

**PAN AMERICAN PETROLEUM CORPORATION**

**NAME CHANGED:**

**FROM: PAN AMERICAN PETR. CORP.**

**TO: AMOCO PRODUCTION CO.**

**EFFECTIVE: 2-1-71**

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

**557' FS x E Lines Sec. 9 (Unit P, SE 1/4)**

14. PERMIT NO.

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

**3264' DF, 3266' RDB**

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 accordance w/ form 9-331 submitted 1-2-68,  
Acidized well perfs 7587-7620' w/ 5000 gal 15%.  
Evaluated & restored to production.*

*Diore - Swab Dry -*

*after - Pump & Flow 30 BOP 19 BW 24 hours. 389 MCFG.  
14/64" ch. GOR-12,967.*

*OC - 1229-67  
Comp 1-3-68*

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

SIGNED

TITLE

*Area Supt*

DATE

*1-4-68*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

**APPROVED**

DATE

*014- USGS- 12  
1- NSW  
1- SUSP  
1- RRL*

\*See Instructions on Reverse Side

**JAN 8 1968**

**J L GORDON  
ACTING DISTRICT ENGINEER**

**Job separation sheet**

9-331  
7 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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TO O.C.C. Approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-037667

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7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

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12

10. FIELD AND POOL, OR WILDCAT

FOULER Devonian

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

9-24-37 N M P M

12. COUNTY OR PARISH

LEA

13. STATE

N M

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 ☐

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

557' FSL x 557' FEL Sec. 9 (Unit P, SE 1/4 SE 1/4)

14. PERMIT NO.

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

3264' D.F. 3266' RDB

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) ☐

(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 perti-  
nent to this work.)\*

In an effort to increase productivity, propose  
to acidize w/ 5000 gal 15% regular. Evaluate.

Pursuant to tele. authority 12-29-67 Brown  
to Yorkum.

TD - 10568'

PBD - 7640'

PERF: 7587-7620'

5 1/2" CSA 10568'

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

AREA SUPERINTENDENT

SIGNED

TITLE

DATE

1-2-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JAN 4

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER

4- USGS - Hobbs

1- NSO

1- SUSP

1- R24