

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
verse side)

THE
re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0321613

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

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, HOBBES, 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 FNLV 1980 FEL Sec. 15 (SW 1/4 NE 1/4)

7. UNIT AGREEMENT NAME

SOUTH PLATTA UNIT FEDERAL

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

FRANKLIN BURGER
11. SEC., T., R., M., OR BECK, AND
SURVEY OR AREA

14. PERMIT NO.

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

3255' R.D.B.

15-24-37 NM PM

12. COUNTY OR PARISH 13. STATE

LEA 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*

(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/ notice of intention remedial work
performed as follows:

Set bridge plug @ 9870'.

Perforated 9792-96, 9799-9803, 9814-33 w/25PF.

Acidized w/ 2000 gal 15%. Evaluated.

Drill - Pump 41 80 x 172 80 - 24 hrs.

after - Pump 210 80 x 19 80 - 24 hrs. GOR 862

OC-4-24-68

COMP-4-29-68

ILLEGIBLE

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1-0900-18
1-2500
1-3000
1-3500
1-4000
1-4500
1-5000
1-5500
1-6000
1-6500
1-7000
1-7500
1-8000
1-8500
1-9000
1-9500
1-10000

*See instructions on Reverse Side

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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.

GIL 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

1980' FNL: 1980' FEL Sec. 15 (314 NE 1/4)

14. PERMIT NO.

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

3255' K.D.B.

7. UNIT AGREEMENT NAME

Southwestern Unit FEDERAL

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

EMERLEENBURGER

11. SEC. T. R. S. OR BLK. AND
SURVEY OR AREA

15-24-32 NM PM

12. COUNTY OR PARISH 13. STATE

LEO NEW MEXICO

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 perti-
nent to this work.)*

In accordance w/ verbal approval of 4-24-68, Mr.
A. R. Brown to R. P. Galloway remedial work
as follows:

Propose to set CIBP @ 930' to isolate pays
9785 - 9921

Perforate 9792-96, 9799-9803, 9814-9833;
Acidize w/ 2000' gal 15% HSTNE.

Evaluate + restore to production.

TD-10,040'

7" CSA 10040'

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-5843-11
1-MSD
1-SDP
1-RLY
1-ATLANTIC
1-OSD
1-STD OR FOX
1-TSUNGO
1-STAT LAND

*See Instructions on Reverse Side

