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.

5. LEASE DESIGNATION AND SERIAL NO.
NM-032161 3

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

7. UNIT AGREEMENT NAME
SOUTH MATTIX UNIT FED

2. NAME OF OPERATOR
PAN AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

9. WELL NO.
23

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL x 1830' FEL Sec 15 (Unit O, SW/4 SE/4

10. FIELD AND POOL, OR WILDCAT
FOWLER BLINEBRY

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-37 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3259' RDB

12. COUNTY OR PARISH
LEA

13. STATE
NM

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) Completion			☒
(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.) *

TD-5701, On 8-8-67, 4½" OD 9.5# J-55 Casing was set @ 5701' w/ 350 Sx. 8% Gel + 250 sx. Neat. Tested casing w/ 3500 psi for 30 minutes. Test O.K. Perforated intervals 5406, 28, 70, 73, 5504-10, 46-52, 42-45 w/ 1 JSPF. Acidized w/ 2000 gal 15% LSTNE.

PT. Flowed 25 BOY 78 BLW in 24 hours thru 14/64" choke. TPF 1575, CPF 1625, CGR 34.1°, GOR 63,480, 1587 MCFG.

TD-5701' COMP 8-21-67
PBD-5665'
TPAY-5406'

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 8-23-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 29 1967
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side