

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instructi  
verse side)

DATE  
on re

Form approved  
Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450-B

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Drilling</i>	7. UNIT AGREEMENT NAME <i>SOUTH MATTHEW UNIT FED</i>
2. NAME OF OPERATOR <i>PAN AMERICAN PETROLEUM CORPORATION</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>Box 68 Hobbs, New Mexico 88240</i>	9. WELL NO. <i>25</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>910 FNL x 1980' FWL Sec. 15 (Unit C, NE 1/4 NW 1/4)</i>	10. FIELD AND POOL, OR WHOLE CAT <i>FOULER ELLENBURGER</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>15-24-37 NMPM</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3261' R.D.B.</i>	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>N.M.</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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.)

On 11-11-68, 8 5/8" OD 28-32" J-55 casing was set @ 4428' w/ 350 p4 Inconel 8% BeL + 1/4" / 5" 7 to seal + 100 p4 meat. After HOC 24 hours tested casing w/ 1500 psi for 30 min. Test O.K. Reduced hole to 7 7/8" @ 4428' and resumed drilling operations.

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

SIGNED _____	TITLE AREA SUPERINTENDENT	DATE NOV 13 1968
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(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED

NOV 14 1968

\*See Instructions on Reverse Side J L GORDON  
ACTING DISTRICT ENGINEER

4 USGS- H  
1- NSW  
1- SUSP  
1- RRY  
1- ATL  
1- CONOCO  
1- TENNECO  
1- STD OF TEX  
1- STATE LAND