



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.

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.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER  **Water Injection** 2 208 1969

2. NAME OF OPERATOR **PAN AMERICAN PETROLEUM CORPORATION** **COLO. OIL & GAS CONS. COMM.**

3. ADDRESS OF OPERATOR **501 Airport Drive, Farmington, New Mexico 87401**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface **660' FEB & 1980' FSL**

7. UNIT AGREEMENT NAME **Cache Unit**

8. FARM OR LEASE NAME

9. WELL NO. **2**

10. FIELD AND POOL, OR WILDCAT **Cache**

11. SEC., T., R., M., OR BLK. AND SUBDIVISION OR AREA **SE/4 Section 34, T-35-N, R-20-W**

14. PERMIT NO. **65 202**

15. ELEVATIONS (Show whether DF, RT, GR, etc.) **RDB 4958'**

12. COUNTY OR PARISH **Montezuma**

13. STATE **Colorado**

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" 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"/>	

(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.)\*

**It is planned to acidize the well with 10,000 gallons 28% HCl in four stages using salt plugs as a diverting agent.**

DVR	✓
FP	✓
RUM	✓
MA	✓
ET	✓

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

SIGNED G. W. Eaton, Jr. TITLE Area Engineer DATE March 24, 1969

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

MAR 24 1969

E. A. SCHMIDT  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side