



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T ICATED*
(Other instruc. on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

Colo. 02763

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection APR 11 1968		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION COLO. OIL & GAS CONS. COMM.		7. UNIT AGREEMENT NAME Cacho Unit																				
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		8. FARM OR LEASE NAME																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 600' FWL & 2040' FWL		9. WELL NO. 7																				
14. PERMIT NO. 64600	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4906' GR	10. FIELD AND POOL, OR WILDCAT Cacho																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA R/4 Section 35, R-35-N, R-20-W																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) Convert to Water Injection <input checked="" type="checkbox"/></td> <td></td> </tr> </table>		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 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) Convert to Water Injection <input checked="" type="checkbox"/>		12. COUNTY OR PARISH Hogson
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		13. STATE Colorado																				

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.)*

The well was converted to water injection in the following manner:

1. Pulled rods, pump, tubing.
2. Ran Baker Model "N" Packer and set at 5460'.
3. Loaded annulus with treated water and tested to 500 psi.
4. Acidized perforations 5528-62', 5585-5610' with 2000 gallons 26% HCl.
5. Put well on injection 3-12-68.

DVR	
FJP	✓
HMM	✓
JAS	✓
JED	✓

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

SIGNED ME: *G. W. Eaton, Jr.* TITLE Area Engineer DATE April 3, 1968

(This space for Federal or State office use)

APPROVED BY *W. Rogers* TITLE Director DATE APR 12 1968

CONDITIONS OF APPROVAL, IF ANY: