

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-4-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Firm or Lease Name FLAKE	
9. Well No. 1	
10. Field and Pool, or Wildcat WILDCAT	
12. County LEA	
19. Proposed Depth 9800'	19A. Formation BOUGH C
20. Rotary or C.T. ROTARY	
21. Elevations (Show whether DF, RT, etc.)	22. Approx. Date Work will start 11-1-66

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator PAN AMERICAN PETROLEUM CORPORATION	
3. Address of Operator Box 68, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE OF SEC. 17 TWP. 9S RGE. 36-E NMPM	
21. Kind & Status Plug. Bond Blanket On file	
21B. Drilling Contractor NOBLE DRILLCO	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
1 7/8"	13 3/8"	36"	450'	Circulate	
1 1/4"	9 5/8"	32.3-40"	4950'	Ball Base	
7 7/8"-8 3/4"	4 1/2"	9.5-11.6"	9800'	600' above highest pay	

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.

EXPIRES **1-18-67**

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed *[Signature]* Title **Area Supt** Date **10-26-66**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0-4- NMOC - H

1- NSW

1- SUSP

1- RRY