SUBMIT IN TRIPLICATE.

(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1425

UNITED STATES DEPARTMENT OF THE INTERIOR

		er or the live	LINION		5 FFAGE DECLES	
	GEOL	OGICAL SURVEY			5. LEASE DESIGNATION AND SERIAL C	
APPLICA	TION FOR PERMIT	TO DRILL DE	FPEN OR DILLC	DACK	6. IN INDIAN, ALLOTTEE OR TRIBE NAM	
1a. TYPE OF WORK		TO DRILL, DE	LILIA, OK PLUG	BACK	- ADENTIBE OF TRIBE NAS	
b. TYPE OF WELL	DRILL [DEEPEN 🗫	PLUG BA	CK 🗍	7. UNIT AGREEMENT NAME	
2. NIME OF OPERA	GAS THE WELL COLUMN OTHER TOR		SINGLE MULTIZONE	PLE	8. FARM OR LEASE NAME	
	American Oil Co.	of Texas			9. WELL NO.	
	Box 416 Loco Hill in (Report location clearly at		∿.		15 10. FIELD AND POOL, OR WILDLAN	
	6501 FNL and 2310				Grayburg-Jackson 11. SEC., T., B., M., OR BLK. AND SURVEY OR ARMA	
4 DISTANCE IN M	HES AND DIRECTION FROM NE	AREST TOWN OR POST OF	Fice.		Sec. 24-T175-R29E 12. COUNTY OR PARISH 13. STATE	
LOCATION TO NO PROPERTY OR L	BAREST EASE LINE OF	New Mexico	NO. OF ACRES IN LEASE	17. NO. o	F ACRES ASSIGNED	
S DISTANCE FROM TO SEARCHT WI	st drig. uoit line, if any) PROPOSED LOCATION* ELL. DRIFTING, COMPLETED, ON THIS LEASE, FT.		PROPOSED DEPTH	20. ROTAE	40 RY OR CABLE TOOLS	
	ow whether DF, RT, GR, etc.)	700!	3520!		Cable Tool 22. APPROX. DATE WORK WILL START	
3		36091 GL ROPOSED CASING AND CEMENTING PROGRAM		3-25-72		
SEZE OF BOIS	the contract of the contract o				The state of the s	
10°3/4"	8 5/8"	The state of the s	SETTING DEPTH		QUANTITY OF CEMENT	
811/49	7.H	24# v			75 Sacks	
Liner		i		í	100 Sacks	
THEE	4 1/2%	9.5#	2775'-3520'	125	Sacks	

We rlan to deepen this well 452' to expose lower San Andres, Keely and Sub-Keely zones. If porosity is indicated we will run liner and treat zones that may be productive.

IN ABOVE STACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give biowout 24.

SIGNED		TITLE District Sup	erintendent DATE	3/22/72
(This space	for Federal or State office use)			
PERMIT 50	11FD+	APPROVAL DATE		
Comment.	OF APIONA IF AND	TITLE ,	DATE	
1.22	7/10			