

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 21460
b. TYPE OF WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR USA-Pero Oil Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) 0' 100' & 330' FWL, Section 3		9. WELL NO. 2
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		10. FIELD AND POOL, OR WILDCAT Undesignated
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. 330'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-15-S, R-31-E
16. NO. OF ACRES IN LEASE 160		12. COUNTY OR PARISH Chaves
17. NO. OF ACRES ASSIGNED TO THIS WELL 40		13. STATE New Mexico
18. DISTANCE FROM PROPOSED* LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1320'		20. ROTARY OR CABLE TOOLS Rotary
19. PROPOSED DEPTH 3200		22. APPROX. DATE WORK WILL START* December 5, 1964
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3000' G.L. Estimated		
23. PROPOSED CASING AND CEMENTING PROGRAM		

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

One Prognosis Attached

RECEIVED

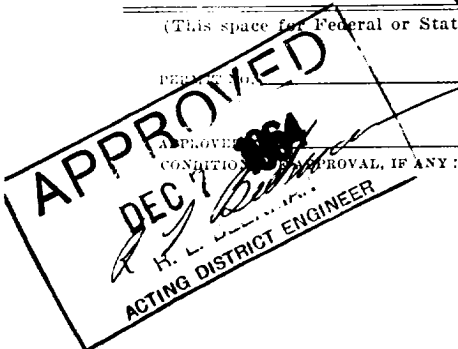
DEC 8 1964

D. C. C.
ARTESIA, OFFICERECEIVED
DEC 7 1964
GEOLOGICAL SURVEY
NEW MEXICO

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED A. M. Lang TITLE District Prod. Supt. DATE 12-3-64
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
TITLED _____ DATE _____



*See Instructions On Reverse Side