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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-4-65

HUBBS OFFICE O. C.
DEC 30 7 43 PM '66

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK			
1a. Type of Work		7. Unit Agreement Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> b. Type of Well 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"/>		8. Farm or Lease Name WASLEY	
2. Name of Operator <i>Pan American Petroleum Corp.</i>		9. Well No. 5	
3. Address of Operator <i>Box 68 Hubbs, New Mexico 88240</i>		10. Field and Pool, or Wildcat <i>CATO San Andres</i>	
4. Location of Well UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 14 TWP. 8-S RGE. 30-E NMPM		12. County <i>Chaves</i>	
19. Proposed Depth 3600'		19A. Formation <i>San Andres</i>	20. Rotary or C.T. <i>Rotary</i>
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond <i>Blanket - On File</i>	21B. Drilling Contractor <i>Cactus Drllg. Co.</i>	22. Approx. Date Work will start 12-29-66

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<i>12 1/4 - 11"</i>	<i>8 5/8"</i>	<i>24"</i>	<i>450'</i>	<i>Circ.</i>	
<i>7 7/8"</i>	<i>4 1/2"</i>	<i>9.5"</i>	<i>3600'</i>	<i>Tie back into salt</i>	

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.
EXPIRES 4-1-67

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 _____ Title *Area Superintendent* Date *12-28-66*

(This space for Steno Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4 - NMOC - N
1 - NSW
1 - SHSP
1 - File
1 - RAY