- 31-115 3-141

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DISTRIBUTION	N	IEW MEXICO OIL CONSER	VATION COMMISSION	S OFFICIPARM C-101	
SANTA FE				Revised/1-1-	-65
FILE			mar I/	8 02 SA. Indicor	le Type of Lease
U.S.G.S.	<b></b> _				1 & Gas Lease No.
LAND OFFICE	<del>                                     </del>			5. State Of	1 & Gos Leuse No.
OPERATOR				mm	mmmmm
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work  7. Unit Agreement Name					
DRILL X		DEEPEN 🗌	PI HG B	ACK 🔲	•
b. Type of Well	•			8. Form of	Lease Name
MELL MELL MELL	OTHER		ZONE X MULT		BY "G"
2. Name of Operator				9. Well No.	•
PAN AMERICAN PETROLEUM	A CORPORATION				- d Dark as Wildow
3. Address of Operator	240		UNDES	IGNA ED Teld C	ma Pool, or wildcat
BOX 68, HOBBS, N. M. 882		/ C m	<u> </u>	CHIO	son unavis
UNIT LETTE	<u> </u>	LOCATED 600 F	EET FROM THE SOU	TH FINE	
AND 1980 PEET FROM	THE WEST	A	NP. 8-5 RGE. 30		
AND SOO PEET PROM	rilitiiii	LINE OF SEC.	riin Anii	12. County	
				Chave	es ////////
		, , , , , , , , , , , , , , , , , , , ,		A. Formation	20. Rotory or C.T.
21. Elevations (Show whether DF,	RT etc. 1 21A	(ind & Status Plug. Bond 2	3700'	San angres	E. Date Work will start
ИФ	1		N A	<b>I</b> = = =	- 19-67
23.	I iesti	HUKEF-WIT TORK	NT .		
_		PROPOSED CASING AND	CEMENT PROGRAM		
SIZE OF HOLE	SIZE OF CASI	NG WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	
121/4 - 11"	8 5/8"	24	450'	.300	Surface
7 ½	4 1/2"	9.5	3700.	800	Base & Solt
ν.				,	0
	•	•	•	•	•
,			•		
			•		
				14/50	
			•	COMMENCE	( ) ( S <sub>2</sub>
			•	11 9	en t
•					•
	•		ـدد	THE SECOND SECON	**
			SE SIRE		,
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC- TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.					
I hereby certify that the information	on above is true and	complete to the best of my kn	owledge and belief.		4
<u>.</u>	25	AREA SUPER	INTENDEN <u>I</u>	્ર વ.	-16-67
Signed		Title		Date	100
(This space for State Use)					
	1			· · · eِm	
APPROVED BY		TITLB	<del> </del>	DATE	
CONDITIONS OF APPROVAL, IF	ANY:	•			