

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBS OFFICE

C. C. C. DESIGNATION AND SERIAL

NM-0444628

INDIAN, ALLOTTEE OR TRIBE NAME

AM '67

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

7. UNIT AGREEMENT NAME

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

660' FSL x 1980' FEL Sec. 14 (O - SW 1/4 SE 1/4)

At proposed prod. zone

10. FIELD AND POOL, OR WILDCAT

CATO San Andres

11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA

14-8-30 NMPN

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4 - 11"	8 5/8"	22.7 #	350'	Circulate
7 7/8"	4 1/2"	9.5 #	3700'	300 Sx.

After drilling well, logs will be run and evaluation made, perforating and/or stimulating as necessary in attempting commercial production.

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

TITLE

DATE

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

0+4- USGS - Ras
1- NSW
1- SUSP
1- RRY