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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE
 Form 801
 Revised 1-1-66

AUG 3 8 39 AM '67

5A. Indicate Type of Lease ☒ FEE
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Firm or Lease Name WASLEY
9. Well No. 7
10. Field and Pool, or Wildcat CATO San Andres
12. County CHAVES
19. Proposed Depth 3600
19A. Formation SAN ANDRES
20. Rotary or C.T. ROTARY
21. Elevations (Show whether DF, RT, etc.) BLANKET-ON FILE
21A. Kind & Status Plug Bond BLANKET-ON FILE
21B. Drilling Contractor CACTUS DRILLING CO
22. Approx. Date Work will start 8-1-67

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL ☒ DEEPEN ☐ PLUG BACK ☐
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 UNIT LETTER B LOCATED 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE OF SEC. 14 TWP. 8-S RGE. 30-E N.M.P.M.
21. Elevations (Show whether DF, RT, etc.) BLANKET-ON FILE
21A. Kind & Status Plug Bond BLANKET-ON FILE
21B. Drilling Contractor CACTUS DRILLING CO
22. Approx. Date Work will start 8-1-67

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4 - 11"	8 5/8"	24 #	300'	250 Sx	Circ
7 7/8"	4 1/2"	9.5 #	3600'	300 Sx	2400

THE COMMISSION MUST BE NOTIFIED
 24 HOURS PRIOR TO RUNNING CASING.

APPROVAL VALID
 FOR 90 DAYS UNLESS
 DRILLING COMMENCED
 EXPIRES **11-1-67**

Pursuant to telephone authority, Mr. Joe Ramsey
 to R R Yoakum, 7-31-67

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 **8-1-67**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4- NMOC- N w/ 3- 01073
 1- NSW
 1- SUSP.