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NO. OF COPIES MECEIVED						· ·	
	NEW MEXICO OIL CONSERVATION COMMISSION					· 19	
SANTA FE	Sep 13					Type of Lease	
FILE			U	er id o	SA. Indicate		
U.S.G.S.					STATE	FEE X	
LAND OFFICE					.5. State Oil	& Gas Lease No.	
OPERATOR		4					
1-		•	,	•	mm	mmmm	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					ااااااا		
In. Type of Work					7777777	<i>11111111111111</i>	
	7	·			7. Unit Agre	ement Name	
b. Type of Well DRILL		DEEPEN	PLUG	BACK			
L	1				8. Form or L		
OIL GAS WELL	OTHER		ZONE WUL	ZONE	CRO S	BY "H"	
2. Name of Operator PAN AMERICAN PETROL	FILM CORPORATION				9. Well No.		
	LOW COM Survey					2	
3. Address of Operator						d Pool, or Wildcat	
BOX 68, HOBBS, N. M. 88240					COTO	San Condes	
4. Location of Well Unit Letter D LOCATED 660 FEET FROM THE NORTH LINE					Critica	Day Condia	
UNIT LETT	ERLO	CATED_060_ F	EET FROM THE	THE LINE			
AND 660 FEET FROM	//)	0	0 6 %		(IIIII)		
AND CO FEET FROM	THE WEST LI	HE OF SEC.	NP. 8-5 RGE. 3	NMPM			
					12. County		
					CHAVE	es (////////	
				777777	Tille		
	++++++++++++++	<i>:{4}}}}</i>	Proposed Depth 1	9A. Formation		20. Hotary or C.T.	
			3600			20.20.00.1	
21. i levetions (Show whether Dr	RT etc.) 21 A King	i & Status Plug. Bond 2		SAN AND	12ES	KOTARY	
	·		_	\circ	1 .	. Date Work will start	
	<u> </u>	ET-ON FILE C	HICO URLG (<u>.o.</u>	10-	1-67	
23.	ſ	PROPOSED CASING AND	CENEUT DOGGO				
		PROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP	
12/4-11"	85/2 4	24 E	500	Cir			
7 7/8 "	41/2"	9.52	3600 .		Sx.		
			-0000	1			
	1	•	ŀ				
APPROVAL VALID							
FOR 90 DA						AYS UNLESS	
			4		11	/ _	
W11 10	A AMERICAN CONTRACTOR	erich.	SOME	\$	1		
THE COMMISSION	1 MOST RE MOT	FIED.		,	- The state of the	exect;	
	TO DUNINUM	81/3					
24 HOURS BOILDS	IO NOININING	Samenagh Anti-s					
24 HOURS PRIOR							
24 HOURS PRIOR CASING.		ra je garjana					
		en je plana					
		en se setam		COT	ra ss T	7)	
CASING.		•	PLUG BACK, GIVF DAYA ON		O SS I		
CASING.	OPOSED PROGRAM: IF	•	PLUG BACK, GIVE DATA ON				
CASING. N ABOVE SPACE DESCRIBE PRIVE ZONE, GIVE BLOWOUT PREVENT	OPOSED PROGRAM: IF ER PROGRAM, IF ANY.	PROPOSAL IS TO DEEPEN OR					
CASING, N ABOVE SPACE DESCRIBE PRIVE ZONE, GIVE BLOWOUT PREVENT	OPOSED PROGRAM: IF ER PROGRAM, IF ANY.	PROPOSAL IS TO DEEPEN OR	owledge and belief.				
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