

UNITED STATES
☐ DEPARTMENT OF THE INTERIOR
☒ GEOLOGICAL SURVEY

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 (Report location clearly and in accordance with any State requirements.)*

At surface

660' FNL x 660' FWL Sec. 21 (UNIT D, NW 1/4 NW 1/4)

At proposed prod. zone

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)

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

3850'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

ROTARY

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

22. APPROX. DATE WORK WILL START*

12-25-68

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"	24 #	400'	Circulate
7 7/8"	4 1/2"	9.5 #	3850'	300 cy.

After drilling well, logs will be run and evaluations 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

AREA SUPERINTENDENT

DATE

12-16-68

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions On Reverse Side

J. N. Sutcliffe

NATIONAL OIL CONSERVATION COMMISSION
DEDICATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

Well location must be from the outer boundaries of the Section.

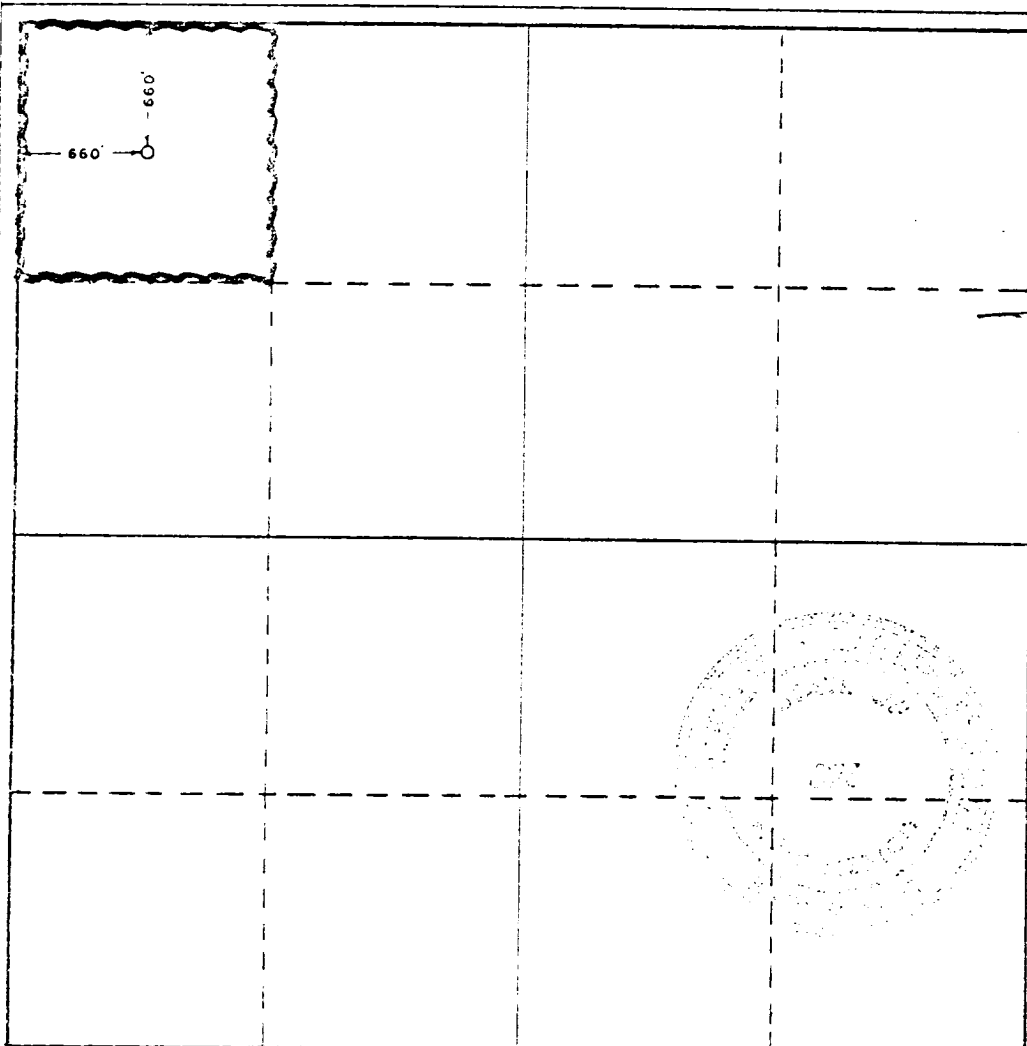
Lessor PAN AMERICAN PETROLEUM CORP.			Lessee DEC GONZALES FEDERAL		Well No. 1
Section D	Section 21	Township 8 SOUTH	Range 31 EAST	County CHAVES	
Actual location of well: <div style="display: flex; justify-content: space-between;"> 660 feet from the NORTH line and 660 feet from the WEST line </div>					
Ground Level Elev.	Producing Formation SAN ANDRES	Pool CATO SAN ANDRES	Dedicated Acreage: 40		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

PAN AMERICAN PETROLEUM CORPORATION

Company _____

AREA SUPERINTENDENT

Date _____

DEC 16 1968

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

DECEMBER 12, 1968

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No. _____

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