SUBMIT IN TRIPLITY TE* (Other instruction reverse side)

Form approved. Budget Bureau No. 42-R1425.

UN LCD STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY						5. LEARE DESIGNATION AND BERIAL NO. L C -0691420	
APPLICATION	6. IF INDIAN, ALLOTT	FEE OR TRIBE NAME					
la. TYPR OF WORK	Re Entry	DEEPEN [] PL	UG BAC	:к 🗆	7. UNIT AGREEMENT	
writ, X w	AR OTHER		SINGLE ZONE	MULTIPE Zone		8. FARM OR LEARE N	
2. NAME OF OPERATOR C. O. F1	Conoco Federal						
3. ADDRESS OF OPERATOR	2						
P.O. Box 1121 Artesia, New Mexico 88210						10. FIELD AND POOL, OR WILDCAT	
LOCATION OF WELL (R	Corbin Queen						
990 FSL - 990	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA						
At proposed prod. zon		**	* *				
4. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*						6-18-33 NMPM 12. COUNTY OR PARISH 13. STATE	
IT. DISTANCE IN MILES	AND DIRECTION FROM NEAD	LET TOWN OR FORT	OFFICE			_	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)						OF ACRES ASSIGNED THIS WELL 40	
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.			19. PROPOSED DEPTH 20. ROT			Cable Tools	
21. ELEVATIONS (Show wh	ether DF, RT, GR, etc.)				·		WORK WILL START*
3946 R D 1				5-12- 7 5			
23.	P	ROPOSED CASIN	G AND CEMENTIN	G PROGRA	M		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FO			QUANTITY OF CEMENT		
	SEE ORIGI	NAL KIE	PORT 8	1/2 at 3	07	CIRC	
			<i></i>	2059	786	CIRC	
			1		l		

All casing was left in tack in hole whin plugged.

We plan to drill out cement plugs to original T D & put well back on production

Originally PAN AMERICA	N #2 Conoco Food.	PYA 4-26-67
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal zone. If proposal is to drill or deepen directionally, give preventer program, if any.	is to deepen or plug back, give data on p	resent productive zone and proposed new productive
24. BIGNED & Julion	TITLE Owner	DATE 5=11=75
(This space for Federal or State office use)		
PERMIT NO.	APPROVAL DATE	OVED
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	APP'S	4 1975

*See Instructions On Reverse SINGTHUR R. BROWN