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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.

A-1573

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <u>STATE G</u>	
2. Name of Operator <u>PAN AMERICAN PETROLEUM CORPORATION</u>		9. Well No. <u>6</u>	
3. Address of Operator <u>BOX 68, HOBBS, N. M. 88240</u>		10. Field and Pool or Wildcat <u>UNDESIGNATED</u> <u>HOBBS BLINE BRY</u>	
4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>33</u> TWP. <u>18-S</u> RGE. <u>38-E</u> NMPM		12. County <u>LEA</u>	
19. Proposed Depth <u>6250</u>		19A. Formation <u>BLINE BRY</u>	
20. Rotary or C.T. <u>ROTARY</u>		21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond <u>BLANKET- ON FILE</u>		21B. Drilling Contractor <u>BANDERA DRUG CO.</u>	
22. Approx. Date Work will start <u>10-18-69</u>			

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	11 3/4"	42#	400'	Circulate	
10 1/4 - 9 1/8"	8 5/8"	24-28#	4300'	Sufficient to fill Base Salt	
7 7/8"	5 1/2"	14-15.5"	6250'	Flow 600' above uppermost pay.	

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO RUNNING 11 3/4  
CASING

1-20-70

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 OCT 16 1969

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE OCT 20 1969  
CONDITIONS OF APPROVAL, IF ANY:  
5- NMOCC-H  
1- NSW  
1- SUSP  
1- RRY