

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-026276
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR BOX 63, HOBBS, N. M. 88240		8. FARM OR LEASE NAME BRIGHT- Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 660' FNL x 1980' FWL Sec 21 (Unit C, NE 1/4 NW 1/4)		9. WELL NO. 1
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* APPX. 32 MILES S. & WEST of HOBBS, N. M.		10. FIELD AND POOL, OR WILDCAT WILDCAT
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)	16. NO. OF ACRES IN LEASE	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-19-33 NMIPM
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.	19. PROPOSED DEPTH 3300'	12. COUNTY OR PARISH LEA
21. ELEVATIONS (Show whether DF, RT, GR, etc.)	17. NO. OF ACRES ASSIGNED TO THIS WELL 40	13. STATE NM
20. ROTARY OR CABLE TOOLS O-T-D		22. APPROX. DATE WORK WILL START* MARCH 28, 1969

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 #	300'	Circulate
7 7/8"	4 1/2"	9.5 #	3300	Full to base of salt

After drilling well logs will be run and evaluations made, perforating and or stimulating as necessary in attempting commercial production.

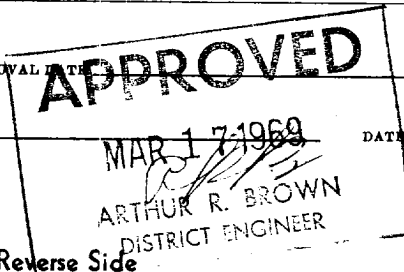
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **MAR 5 1969**
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL BY _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions On Reverse Side

026- USGS- H
1- NSW
1- SUSP
1- RRY