Test - Pmp. Ed TD-3865 7" CSA. 3726'				
Test - Kmp. El				
Test - Kmp. Ed				1
7141 01 -	438 BOPDX3BU	U.		
- , 0				
		une no pro	duction	6.
15%. Evalu	eate and sin	eyaration	s w/2	boo gal
en an effe	est to increase acidize p	or produc	tenty	of well,
The second second second			. or troux deptito 101	dit markers and zones per
(Other) 17. DESCRIBE PROPOSED OR COMPLET proposed work. If well is	TED OPERATIONS (Clearly state all pertin directionally drilled, give subsurface to	(Note: Report Completion or F	results of multiple ecompletion Report dates, including es	and Log form.)
SHOOT OR ACIDIZE REPAIR WELL	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FRACTURE TREATMENT SHOOTING OR ACIDIZII (Other)	_ _	ALTERING CASING ABANDONMENT*
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	SUBSEQUENT REPORT	OF: REPAIRING WELL
16. Chec	ck Appropriate Box To Indicate	ı		
	3546 DF	DF, RT, GR, etc.)	12. COUNT	Y OR PARISH 13. STATE
2310 FNL x 330	FEL Sec 24 (Unit	H. SE/4 NE/4)	21	2036 Nmb
At surface			EUNI	AND POOL, OR WILDCAT C.E. G.S.A T., R., M., OR BLK, AND
BOX 68, HOBBS, N. M. 882	240 cation clearly and in accordance with a	any State months	9. WELL N	10
PAN AMERICAN PETROLEUM CORPORATION 3. ADDRESS OF OPERATOR			8. FARM 0	r lease name LLV A GLAUAL
OIL GAS WELL OT	THER		7. UNIT AC	DREEMENT NAME
Use "A	NOTICES AND REPORTS r proposals to drill or to deeper or fill PPLICATION FOR PERMIT—Vide in	S ON WELLS or back tolk different deservoir in proposite,		AN, ALLOTTEE OR TRIBE NA
	ARTMENT OF THE INTE		n re 5. LEASE	Budget Bureau No. 42-R14 DESIGNATION AND SERIAL N
DEP	U' ED STATES	SUBMIT IN TRI	ATE.	Form approved.

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

0+4- USC-5- IV

1- NSW
1- SUS 0
1- RRY

(This space for Federal or State office use)

*See Instructions on Reverse Side

TITLE

JUL 2 8 1969

DISTRICT FNGINEER