Form 9-331 C (May 1963)

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

	UNIT	ED STATES	reverse s	side)		
	DEPARTMENT GEOLO	OF THE MT	PLORAN '65		5. LEASE DUSIGNATION AND SERIAL NO.	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
12. TYPE OF WORK	LL 🛛	DEEPEN	PLUG BA		7. UNIT AGRICIMENT NAME	
b, ures of well off S 68 while S w	ELL OTHER	·	SINGLE MULTINGONE ZONE	PLE	8. FARM OR LEAST NAME:	
Pan american Petroleum Corp.					C.M. FARNSWORTH	
3. Adda dis of organior					10. FIELD AND POOL, OR WILDCAT	
504 68 940 8 940 940 940 940 940 940 940 940 940 940					JALMAT - OIL	
660 FSL	x 1659'9'	UESTL SEC	7 (Unit N, SE/4	SW/4)		
14. DISCOURS AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*					7-26-37 NMPN 12. COUNTY OR PARISH 13. STATE	
APPX. 3 MI. So. JAL, N. M.					LEA N.M.	
15. LISTANCE FROM PROPO LOCATION TO NEAREST PROVIDITY OR LEASE I.	ı	16.	NO. OF ACRES IN LEASE		OF ACRES ASSIGNED HIS WELL,	
(Also to nearest drig, unit line, if any) 18. DISTANCE FROM PROPOSED LOCATION* TO BEAREST WELL, BRILLING, COMPLETED,			19. PROPOSED DEPTH 20. ROY 3050		RY OR CABLE TOOLS	
OR APPLIED FOR, ON THE 21, ELEVATIONS (Show whe	S LEASE, FT.		3030		KOTARY 22. APPROX. DATE WORK WILL START*	
					10-13-65	
23.	I	PROPOSED CASING A	ND CEMENTING PROGR	AM		
SEE OF ROLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		QUANTITY OF CEMENT	
11-12/2"	<u> </u>	24 =	350	CIRCULATE		
778	5 72	14-	3050	SUFF	ABOVE PAY.	
				000	HOUVE INT	
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	-J					
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after a	rilling i	vell, log	gs were -	be i	and stime-	
evalua	tions m	rade, p	erjoration	ing a	and stimu-	
latina	as nec	essans	in att	ems	ting	
			in att			
comm,	everae.	produc	min.			
	Y6	numberal is to doorer o	m ning book give date on r	resent nead	fluctive zone and proposed new productive	
in above space describe	drill or deepen directions	lly, give pertinent data	on subsurface locations a	nd measure	ed and true vertical depths. Give blowout	

24. Original Signed By: Y. M. STALEY SIGNED _ (This space for Federal or State office use) APPROVAL DATE PERMIT NO.

APPROVED BY _ SGS TITIONS OF APPROVAL, IF ANY:

preventer program, if any.

TITLE

*See Instructions On Reverse Side

DISTRICT ENGINEER