NO. OF COPIES RECEIVED	<del>-17</del>								
DISTRIBUTION SANTA FE		NEW	MEXICO OIL CONSE	RVATION COMMISSION		rm C-101 vised 1-1-6:	5		
FILE	1/-				5,	A. Indicate	Type of Lease		
U.S.G.S.	2					STATE	rec 🔲		
LAND OFFICE	7	]			. 5.		Gas Lease No.		
OPERATOR	2	]			Ļ	N.	м. 1832		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									
In. Type of Work						•	<sub>ement Name</sub> ndian Basin <sup>U</sup> ni		
b. Type of Well	L X		DEEPEN	PLUG B		. Farm or Le			
1				SINGLE MULT	<u> </u>		ndian Basin Uni		
2. Name of Operator	L LAN	OTHER		ZONE LAL		Well No.	Julian Dasin Oni		
Mara	athon Oi	1 Company				4			
3, Addrena of Operator							10, Field and Pool, or Wildcat		
box 220 Hobbs, New Mexico						Indian Basin Upper Pen			
4. Location of Well	LETTER	J Loc	ATED 1650	FEET FROM THE SOUT	h_LINE				
214262		ı	26	070 00	- N				
AND 165163 PEET	FROM THE	east LIM	. or sec. 16	TWP. 21S RGE. 23	<del></del>		millitiitii		
					111111111111111111111111111111111111111	2. County			
4444444	HHH	HHHHH	HHHHH		, XIIIII	Eddy	HHHHHm		
<del>/////////////////////////////////////</del>	HHH	HHHHH	<del>/////////////////////////////////////</del>	19. Proposed Depth 1	A. Formation	11111	20. Rotary or C.T.		
				80001	ennsylvar	ppper	Rotary		
21. Llevations (Show wheth		tc.) 21 A. Kind	& Status Plug. Bond	21B. Drilling Contractor		22. Approx.	Date Work will start		
3943 ° GL		cur	rent	Lowe Drilling (	<b>20.</b>	Mag	y 12, 1965		
23.		Р	ROPOSED CASING AN	D CEMENT PROGRAM					
SIZE OF HOLE		E OF CASING	WEIGHT PER FOOT SETTING DEPTH		SACKS OF CEMENT		EST. TOP		
17-1/2"	1	13-3/8"		<u>48#</u> 150'		)	Surface		
12-1/4"		9-5/8"	36#	21001	1000		Surface		
8 <b>-</b> 3/4"		7"	23# & 26#	80001	1000		21001		
	in the	Upper Penns	rill to approx ylvanian zone. proved methods	imately 8000; ar Casing will be	set and	cement	well ed in		
						MAY 1 6 12			
							•		
						ARTEBIA			
						LKIES!	No salista e je 🌞		
N ABOVE SPACE DESCRI	BE PROPOS	ED PROGRÂM: IF	PROPOSAL IS TO DEEPEN	OR PLUG BACK, GIVE DATA ON	PRESENT PRODU	ICTIVE ZONE	AND PROPOSED NEW PRODE		
IVE ZONE. GIVE BLOWOUT PR	EVENTER PRO	GRAM, IF ANY.							
hereby cestify that the inc	ormation abo	verit true and com	plete to the best of my i	mowledge and belief.					
igned taget	X Pol		Tule Supe	rintendent	Da	te Ma	y 10, 1965		
		p'	1416		<i>Da</i>		-, -, -, -,		
(This spa	ce for State	Use) '							
m	$P(I_1)$	11/2011				M	AY 1 4 1965		
PPROVED BY//_	NIN	sirong		The Hold will all the all	DA	TE			
ONDITIONS OF APPROV	AL, IF ANY	. /							