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DISTRIBUTION	THE I MEXICO OIL COLUMNSTOIL			NC 1	Form C-101 Revised 1-1-65	
SANTA FE /		- -				
FILE		FEB 27 1980			۰.	Type of Lease
U.S.G.S. 2		· · · · · · · · · · · · · · · · · · ·			S. State Oil & Gas Louse No.	
OPERATOR /	-	O. C. D.			LG-6544	
ARTESIA, OFFICE						
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						
1a. Type of Work					7. Unit Agre	ement Name
DRILL X		DEEPEN	PLUG	ВАСК		
OIL GAS X OTHER		SINGLE X MULTIPLE ZONE ZONE			8. Farm or Leuse Name State IB Com	
2. Name of Operator	O HER		ZONE A	ZONE L	9. Well No.	1b Coll
I '	ction Company				1	ļ
3. Address of Operator					10. Field and Pool, or Wildout	
P.O. Box 68 Hobbs, NM 88240					Und. Morrow	
4. Location of Well UNIT LETTER N LOCATED 660 FEET FROM THE SOUTH LINE				h LINE	XIIIIIIIIIIIIII	
1000	Mask	21	02.6			
AVO 1980 FEET FROM	THE West LIN	RE OF SEC. 31	VP. 23-S RGE. 25	)-E NMPH	12. County	
					Eddy	
	<del>/////////////////////////////////////</del>			+++++++	1111111	
			9. Proposed Depth	19A. Formation	,	20, Hothry or C.T.
<u> </u>		1.3_6-3 <u>-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-</u>	10850	Morrow		Rotary
3881.1 GL	ì	& Status Plug. Bond   21	18. Drilling Contractor NA		1	Date Work will stort
23.	Didnke	c-on-rire	INA .		3-15	9-00
	F	ROPOSED CASING AND	CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT			CEMENT	EST. TOP
17-1/2"	13-3/8"	48# 36#	400 ' 2600 '	Circ Circ		Surf Surf
12-1/4" 8-3/4"	9-5/8" 5-1/2"	17#,20#or 23#	10850'	Tie back	< to	Btm 9-5/8"
0-3/4	J 1/2	1711,201101 2511	10000	9-5/8"	` "	D CIN 3 3/0
Mud Program: 0 400'	perforate and/o '-400' Nati -2600' Nati -9100' Comm cond -TD Comm	or stimulate as ive mud and frestive mud and mercial mud and ditions mercial mud and	necessary in a h water water brine with mir brine with 3%	imum prop	g commerc	cial production.
	wate	er loss prior to	Morrow penetr	ation.		
BOP program att Gas is not dedi				APPROVAL VAND FOR 90 DAYS UNLESS DRILLING COMMENCED,		
					ES 5-7	29-80
IN ABOVE SPACE DESCRIBE PRO	OPOSED PROGRAM: IF I	PHOPOSAL IS TO DEEPEN OR	PLUG BACK, GIVE DAYA O			
TIVE ZONE, GIVE BLOWOUT PREVENTE	H PROGRAM, IF ANY.			·		
I hereby certify that the information above is true and complete to the best of my knowledge and helief.						
Signed Bob Wa	ws:	TitleAsst. Adm	iin. Analyst		) <sub>ate</sub> 2-27	7-80
(This space for S						
in space for s			markaran (1980-199	· 55 - 65	í	- 3 3 10 <b>00</b>
APPROVED BY W.C.	Gressett	TITLE SUP	######################################	·	F 1	1D 80 4 1300
CONDITIONS OF APPROVAL, IF						
O+5 - NMOCD-A	1-Hou 1-Susp	1-BD	Notify N.M.O.C C. in an ablaim time to whappy a conting			

the 998" cache