NO. OF COPIES RECEIVED	5						30-03	31-20388	
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION					Form C-101		
SANTA FE	/						Revised 1-1-6		
FILE		F						Type of Lease	
U.S.G.S.	$\nu$						STATE		
LAND OFFICE							NA	& Gas Lease No.	
OPERATOR	<u>/</u>						min	mmmn	
APPLICATION FOR BERMIT TO DRILL DEEDEN OR BLUC BACK									
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  [1a, Type of Work]							7. Unit Agre	ement Name	
							NA		
b. Type of Well DRILL X DEEPEN PLUG BACK						ACK [_]	8, Farm or Lease Name		
OIL GAS SINGLE MULTIPLE ZONE ZONE ZONE						IPLE ONE	NMD (NM & AZ Land		
2. Name of Operator		O'Mak	<u> </u>				9. Well No.		
American Fuels Corporation							#4		
3. Address of Operator							10. Field and Pool, or Wildcat		
2921 Carlisle NE, Albuquerque, New Mexico 87110							Wildcat		
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE NORTH LINE									
and 660 FEET FROM THE West Line OF SEC. 3 TWP. 20N RGE. 12W NMPN									
AND 660 FEET FROM	THE	West INS	05 5 5 C	P. 20N	RGE. 121	MAMN	12. County	<del>)      </del>	
							McKin	lev	
	444	<i>HHHHH</i>	<del>/////////////////////////////////////</del>	<i>HHH</i>	<i>HHH</i>	77777	mm		
AHHHHHHH	1111		111111111111111111111111111111111111111	. Proposed De	pth 19	A. Formatio	n	20. Rotary or C.T.	
				400		Ent	rada	Rotary	
21. Elevations (Show whether DI	RT, etc	į.	Status Plug. Bond 21				1	. Date Work will start	
6288.0' GR		\$10,00	00 Blanket	Burton	Drill	ing Co	ol up	on approval	
2.3.		PR	OPOSED CASING AND	CEMENT PRO	GRAM				
SIZE OF HOLE	SIZE	E OF CASING I	WEIGHT PER FOOT	SETTING	DEPTH	SACKS OF	F CEMENT	EST. TOP	
12-1/4	10121	8-5/8	24.0	10		100:	<del></del>	surface	
7-7/8		5-1/2	10.0	400		150		3900'	
							· · · · · · · · · · · · · · · · · · ·		
	t	ĺ		!	İ			1	
Will pressure test surface casing to 500 lbs.									
Blow out preventors will be tested daily.									
Plan to mud drill the hole, test all hydrocarbon shows,									
log and set production string if warranted.									
109 0		see product	<b></b>						
,		<u> </u>							
APPROV								FILE	
FOR MODEL FOR MEDICAL		-						11/12	
PDR:Ess.	- <b>474</b> (1)	iceu,					<i>y</i> 13	TIAED/	
DIPIRES 4-2	4-70	4/ &					<i>:</i>	}	
Est Baro	w						JAN	2 3 1974	
						,	00 00	41 2014	
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, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.									
The state of the best of my broadland and botton									
I hereby certify that the informat	ion abov	ve is true and comple	ere to the pest of my kn	owtende mun pe	- x & C & &			- 10 1 - 1	
Signed XX O	111	02-	Title Agent				Date	1/14/74	
(This space for State Use)									
APPROVED BY CHULL CHURCH TITLE DATE 1-23.74									
CONDITIONS OF APPROVAL, IF ANY:									

