Form 9-331 C (May 1963)

SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

(May 1963)	ED STATES	reverse si	
		RIOR	5. LEASE DESIGNATION AND SERIAL NO.
DEPARTMENTS OF THE INTERIOR GEOLOGICAL SURVEY			1(-030180(8)
		N OD DILIC D	
APPLICATION FOR PERMIT TO	J DRILL, DEEPE	IN, OR PLUG B	
1a. TYPE OF WORK DRILL	DEEPEN 🗆	PLUG BAC	K UNIT AGREEMENT NAME
b. TYPE OF WELL	-	(10) E & 3	
OIL GAS WELL OTHER		NE ZONE	8, FARM OR LEASE NAME
2. NAME OF OPERATOR	oleum (Parp. SEP !	C.M. FARNSWORTH B
3. ADDRESS OF OPERATOR			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)			
At surface FNL			
990 FBH X 1656.7 F	WC, 546 1 (1		7-26-37 NMPM
14. DISTANCE IN MILES AND DIRECTION FROM MEAR	ST TOWN OR POST OFFICE	»*	12, COUNTY OR PARISH 18. STATE
10. DISTANCE FROM PROPUSED*	16. NO	O. OF ACRES IN LEASE	17. NO. OF ACRES ASSIGNED
LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.		481	TO THIS WELL
(Also to nearest drig. unit line, if any) 18. DISTANCE FROM PROPOSED LOCATION®	19. PE	OPOSED DEPTH	20. ROTARY OR CABLE TOOLS
TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		3350'	ROTARY
21. ELEVATIONS (Show whether DF, RT, GR, etc.)			22. APPROX. DATE WORK WILL START* 9-18-65
23. Pl	ROPOSED CASING ANI	CEMENTING PROGRA	AM of the second second
SIZE OF HOLE SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11-12 1/2" 8 1/8"	24 8	350'	Circulate,
7 78" 5 72"	14 B	3350'	Sufficient to fee
			600 above parj.
·		•	
		•	
•			
aster drilling	was k	logs we	ee be run and rating and
evaluations	made	loeria	rating and
stimulating commercial f	as nec	ess ary	to Tattempt
commended a	11/11/11/07	ion.	
commercial p			등 한 한 한번 교육 범인 환경했다.
	, , ,	a	- <u>- , 본 의 의</u> 화 집이 불편 설계되용
Cactus Drly Co 7		7	
zone. If proposal is to drill or deepen directional	roposal is to deepen or plly, give pertinent data	plug back, give data on p on subsurface locations a	resent productive zone and proposed new productive nd measured and true vertical depths. Give blowout
preventer program, if any.		0 /	
ారా మోమ్మమ్ ఇ	e Form in the file Zonatory	Irea Su	DF 9-17-65
8IGNED	TITLE	nun so	DATE

PERMIT NO.

CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

*See Instructions On Reverse Side