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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE  FEE

5. State Oil & Gas Lease No.  
**K-3907**

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work  
b. Type of Well  
OIL WELL  GAS WELL  OTHER   
DRILL  DEEPEN  PLUG BACK   
SINGLE ZONE  MULTIPLE ZONE

2. Name of Operator  
**Corinne Grace**

3. Address of Operator  
**c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

4. Location of Well  
UNIT LETTER **J** LOCATED **1980** FEET FROM THE **South** LINE  
AND **1980** FEET FROM THE **West** LINE OF SEC. **9** TWP. **12S** RGE. **34E** NMPM

7. Unit Agreement Name  
8. Farm or Lease Name  
**Ranger Lake "B"**

9. Well No.  
**1**

10. Field and Pool, or Wildcat  
**Wildcat**

12. County  
**Lea**

19. Proposed Depth  
**10,500**

19A. Formation  
**Penn**

20. Rotary or C.T.  
**Rotary**

21. Elevations (Show whether DF, RT, etc.)  
**4276.4**

21A. Kind & Status Plug. Bond  
**Blanket**

21B. Drilling Contractor  
**Not Let**

22. Approx. Date Work will start  
**10/14/68**

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48#	350	Circ	
12 1/4	9 5/8	36#	4100	400	2825
7 7/8	5 1/2	15.5# & 17#	10500	600	7050

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO BEGINNING. 133/4

APPROVAL VALID  
FOR 30 DAYS UNLESS  
DRILLING COMMENCED.

1-14-69

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.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Donna Volles Title Agent Date 10/11/68

(This space for State Use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

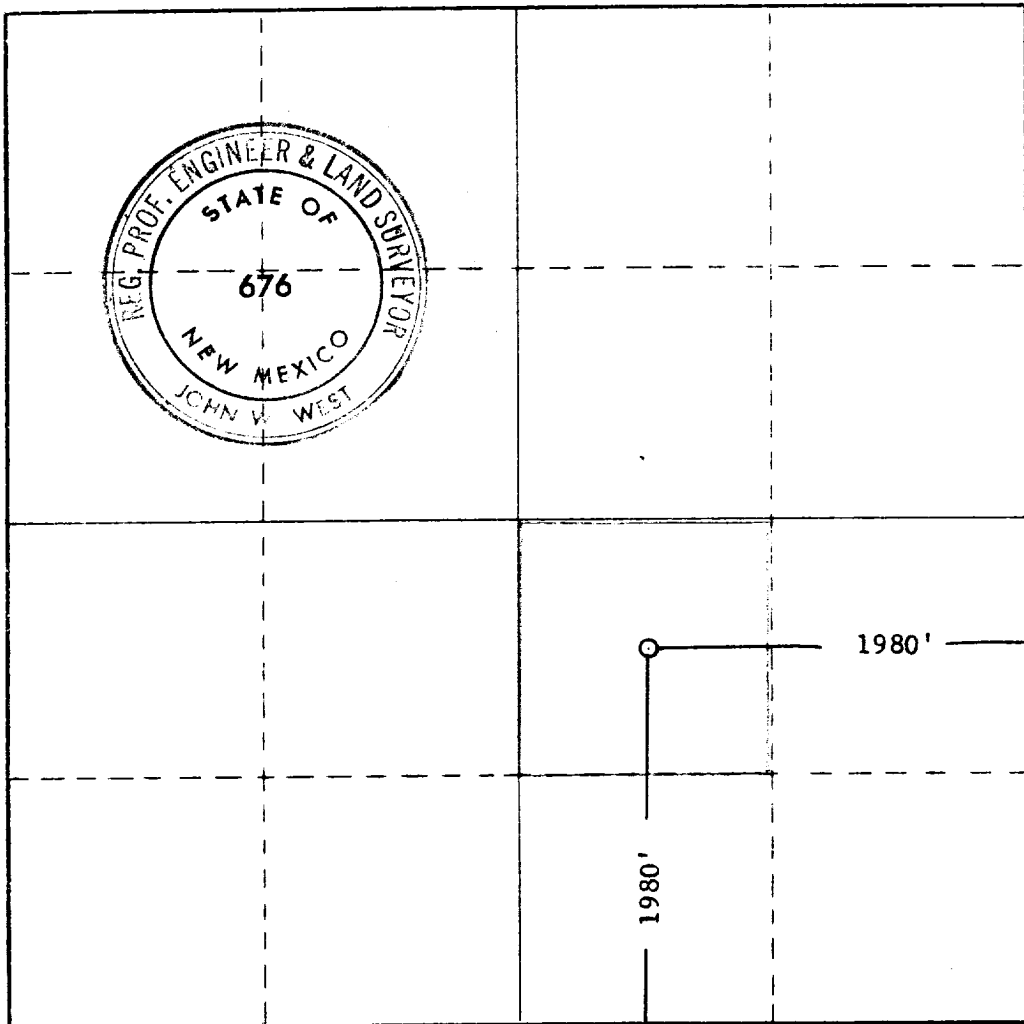
Operator <b>CORRINE GRACE</b>			Lease <b>OCT 1 RANGER LAKE B</b>		Well No. <b>1</b>
Unit Letter <b>J</b>	Section <b>9</b>	Township <b>12 SOUTH</b>	Range <b>34 EAST</b>	County <b>LEA</b>	
Actual Footage Location of Well: <b>1980</b> feet from the <b>SOUTH</b> line and <b>1980</b> feet from the <b>EAST</b> line					
Ground Level Elev. <b>4176.4</b>	Producing Formation <b>Forn</b>		Pool <b>Wildcat</b>	Deed Acreage: <b>40</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes     No    If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: *Donna Holmes*

Position: **Agent**

Operator: **Corrine Grace**

Date: **10/11/68**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: **10-10-1968**

Registered Professional Engineer and/or Land Surveyor

*John W West*

Certificate No. **676**