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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-4-65

5. a. Indicate Type of Lease  
STATE ☒ FEE ☐  
6. State Oil & Gas Lease No.  
K-5059

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Delaware-Apache Corporation		8. Farm or Lease Name Anderson State	
3. Address of Operator 1720 Wilco Building, Midland, Texas		9. Well No. 1	
4. Location of Well UNIT LETTER E LOCATED 1909 FEET FROM THE N LINE AND 791 FEET FROM THE W LINE OF SEC. 23 TWP. 10-S RGE. 33-E NMPM		10. Field and Pool, or Wildcat Inbe Permo Penn	
21. Elevations (Show whether DF, RT, etc.) *		12. County Lea	
21A. Kind & Status Plug. Bond Statewide Active		19. Proposed Depth 10,000	
21B. Drilling Contractor Robinson Bros. Midland, Texas		19A. Formation Bough "C"	
22. Approx. Date Work will start 10-10-67		20. Rotary or C.T. Rotary	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11 3/4"	42#	360'	375 sax	Circulate
11"	8 5/8"	24 & 32#	4,000'	550 sax	Approx. 2,000'
7 7/8"	4 1/2"	11.6#	10,000'	400 sax	Unknown

Alternate production casing:

7 7/8" 5 1/2" 17.0# 10,000' 400 sax Unknown

\* Will submit GL elevation on subject well after location is completed due to the amount of soil that is to be removed from the present terrain.

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 Koy H. Reeves Title District Production Foreman Date October 5, 1967  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: