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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

OCT 7 1967

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
OG-4537

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		None	
b. Type of Well		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		Humble "B"	
2. Name of Operator		9. Well No.	
Charles B. Read		1	
3. Address of Operator		10. Field and Pool Name	
P. O. Box 2126, Roswell, New Mexico		UNDESIGNATED Inbe Penn	
4. Location of Well		12. County	
UNIT LETTER M LOCATED 554' FEET FROM THE South LINE AND 554' FEET FROM THE West LINE OF SEC. 24 TWP. 10S RGE. 33E NMPM		Lea	
19. Proposed Depth		19A. Formation	
9875'		Bough "C"	
20. Rotary or C.T.		21. Elevations (Show whether DF, RT, etc.)	
Rotary		Statewide	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
Statewide		22. Approx. Date Work will start	
		October 21, 1967	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
1 1/2"	12-3/4"	38#	350'	350 sx	Circ to surface
1 1/2"	8-5/8"	24# & 32#	4000'	350 sx	2700'
7-7/8"	5-1/2"	14#, 15.5#, 17.5#	9875'	250 sx	7500'

APPROVAL VALID
FOR 90 DAYS UNLESS
TESTING COMMENCED

EXPIRES 1-11-68

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 Charles B. Read Title Operator Date Oct. 6, 1967

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: