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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O.C.C.  
Form C-10  
Revised 1-1-65  
MAR 29 11 21 AM '66

5. State Oil & Gas Lease No.  
K-4495

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work <u>RE-ENTRY</u>		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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"/>		8. Farm or Lease Name New Mexico BX State	
2. Name of Operator Humble Oil & Refining Company		9. Well No. 3	
3. Address of Operator Box 1600, Midland, Texas		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>1989</u> FEET FROM THE <u>north</u> LINE AND <u>1997</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>16</u> TWP. <u>8-S</u> RGE. <u>33-ENMPM</u>		12. County Chaves	
19. Proposed Depth 5,000		19A. Formation San Andres	20. Rotary or C.T. -
21. Elevations (Show whether DF, RT, etc.) To be filed later	21A. Kind & Status Plug. Bond Blanket on file	21B. Drilling Contractor -	22. Approx. Date Work will start immediately

23. ~~PROPOSED~~ Actual CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	10-3/4	32.75	403	375	Circ to surface
9-7/8	7-5/8	24	3604	500	1700 feet
Proposed Casing and Cement Program					
6-3/4	4-1/2	9.5	5000	150	3600 feet

HOWCO method of cmtg to be used.

1. Drill cement plugs and clean out hole to approximately 5,000 feet.
2. Run Evaluation Logs in open hole.
3. If favorable, set 4 1/2" casing through pay.
4. Test for production.

APPROVAL VALID FOR 90 DAYS UNLESS BEING RENEWED.  
APR 1 1966

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 [Signature] Title Administrative Supervisor Date 3-29-66

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: