NO. OF COPIES RECEIVED						•			
DISTRIBUTION	T	NEW MEXICO OIL CONSERVATION COMMISSION							
SANTA FE		,,,	.,				Revised 14-65		
FILE							5A. Indicate Type of Lease		
U.S.G.S.						STATE	FEE X		
LAND OFFICE							.5. State Oil	& Gas Lease Na.	
OPERATOR									
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									
la. Type of Work							7. Unit Agre	ement Name	
DRILL	: }		DEEPEN		PLUG B	ACK		:	
b. Type of Well						8. Form or Lease Name			
WELL WELL	OIL GAS SINGLE MULTIPLE ZONE ZONE Name of Operator						Arthur Cain		
•	0224 3 V4	riates	Tng				9. Well No. #2		
Conley & Associates, Inc. 3. Address of Operator							_l		
9402 Tierra Blanca Drive Whittier, Ca 90603							10. Field and Pool, or Wildcat Wildcat		
4. Location of Well Unit Letter K Located 2310' FEET FROM THE We							MTT009	mmm	
UNIT LETTE	- R	Loc	ATED ZSLU F	EET FROM THE	west	LINE			
AND 29701 FEET FROM	North	1	E OF SEC. 10 T	wp. 15N sc		3 E NMPM			
THINITINI THE	THÍ TH	77777	mmilli	"iiiiiiiiii	TITT	111111	12. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							Harding		
	<i>HHHH</i>	77777		/////////	1444	+++++	777777	HHHH	
	44444	77777	/////////////////////////////////////	9. Proposed Depti	h 19	A. Formation	7777777	20. Rotary or C.T.	
				1100'		Santa	Rosa	Rotary	
21. Elevations (Snow whether DF,	RT, etc.)		& Status Plug. Bond 2			· · · · · · · · · · · · · · · · · · ·	22. Approx	. Date Work will start	
4310 GL (Topo)		10,00	0 Blanket Bond	Stinebau	ugh		Marc	h 1976	
23.		P	ROPOSED CASING AND	CEMENT PROG	RAM				
SIZE OF HOLE	SIZEOF	ASING	WEIGHT DEC TOOT	I SETTING D		S A G 14 G G T			
111/2	}	·····	WEIGHT PER FOOT	1	G DEPTH SACKS OF		- CEMENT	EST. TOP	
^ 6 3/4	8 5/8 4 1/2		9.5	130			· · · · · · · · · · · · · · · · · · ·	Circulate	
	4 1/4	<u> </u>	9.3	- 				Circulate	
	}							to surface	
		Markon (
								•	
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					, D	ghtilest T	100/11	, 3	
						5/	24/	Fare and the second	
	:	5/29/76 EXFIRES							
• ,					-				
IN ABOVE SPACE DESCRIBE PR	OPOSED PRO	GRAM: IF	PROPOSAL IS TO DEEPEN O	R PLUG BACK, GIVE	DATA ON	PRESENT PRO	DOUCTIVE ZONE	AND PROPOSED NEW PRODUC	
hereby certify that the information	ER PROGRAM, IF	ANY.	plete to the best of my k						
		1.		-					
Signed AM	- Con	ry,	Title Preside	ent			DateF	eb. 23,1976	
(This space for :	State Use)								
20	•			and the same of th	· ~ *!**				