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DISTRIBUTION	N N	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-101	
SANTA FE /		JAN 1 1 1971			Revised 1-1-6	
FILE /			13/1		5A, Indicate	Type of Lease
U.S.G.S.		fried com				
LAND OFFICE /		C. C. C. ARTESIA, OFFICE			.5. State Oil & Gas Lease No.	
OPERATOR		ARIESIA, OFFICE			K-6290	
APPLICATIO	I FOR PERMIT	TO DRILL, DEEPEN, (OR PLUG BACK			
1a. Type of Work					7. Unit Agree	ement Name
n						
b. Type of Well		DEEPEN	EN PLUG B		8, Form or Le	ease Name
OIL GAS WELL	Bris	ne Supply Well	SINGLE M	ULTIPLE ZONE	Brine	Sunniv
2. Name of Operator	OTHER	supply wear	ZONE -	ZONE L	9. Well No.	suppris
Corinne Grace]	
3. Address of Operator					1	d Pool, or Wildcat
•					10. Field die	a Pool, or windcat
c/o Oil Reports & O	ias Services	Inc., Box 763, 1	Hobbs, N. M. 8	8570		
4. Location of well	R B	LOCATED 660 F	EET FROM THE NOT	th LINE	IIIIII	
27.25.5					IIIIII	
AND 2025-5 FEET FROM	THE East	LINE OF SEC. 36 T	wp. 225 RGE.	26 I ммрм		
	THIIIII	TITTIIIIIII		77//////	12. County	
					Eddy	
	HHHH				HH	
	HHHHH		9. Proposed Depth	19A. Formatio	on .	20. Rotory or C.T.
			600	Salt		Rotary
21. Elevations (Show whether DF.	RT. etc.) 21A. I	Kind & Status Plug. Bond 2	21B. Drilling Contractor		22 Approx	. Date Work will start
,	, ,	- I				_
23.	<u> </u>	Blanket			abou	approval
23.		PROPOSED CASING AND	CEMENT PROGRAM			
						
SIZE OF HOLE	SIZE OF CASI	NG WEIGHT PER FOOT	WEIGHT PER FOOT SETTING DEP		F CEMENT	EST. TOP
9	7 n	23#	580		250	oire.
	1	İ				
1		'	ı		'	
		mater thru tubing lling purposes.	to ebtain			APPROVAL VALID OR 90 DAYS UNLESS OILLING COMMENCED, 11111111111111111111111111111111111
					EXPIRE	5
					_	
						•
	OPOSED PROGRAM	: IF PROPOSAL IS TO DEEPEN O	R PLUG BACK, GIVE DATA	ON PRESENT PR	ODUCTIVE ZONE	AND PROPOSED NEW PRODUC
N ABOVE SPACE DESCRIBE PR	TO DOCCOAM IF ANY					
FIVE ZONE. GIVE BLOWOUT PREVENT	ER PROGRAM, IF ANY.					
	ER PROGRAM, IF ANY.	complete to the best of my ki	nowledge and belief.			
hereby certify that the information	ER PROGRAM, IF ANY.		nowledge and belief.		D-11 1 1/2	s/m
FIVE ZONE. GIVE BLOWOUT PREVENT	ER PROGRAM, IF ANY.	complete to the best of my ke	nowledge and belief.		Date	3/71
hereby certify that the information	on above is true and		nowledge and belief.	- 1	Date	3/71
hereby certify that the information	on above is true and	Title Agent				3/73 NN 1 5 1071
Signed Only (This space for S	on above is true and	Title Agent	O GAE IMSPECTOR			N 1 5 1971
hereby certify that the information	on above is true and Ole State Use)	Title Agent	O GAE INSPECTOR		JA	N 1 5 1971