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NEW MEXICO OIL CONSERVATION COMMISSION U. C. C.

Nov 18 10 20 AM '65

Form C-101  
Revised 1-1-65

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Redrill & Deepen <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name U. D. Sawyer	
2. Name of Operator Socony Mobil Oil Company, Inc.		9. Well No. 1 SWD	
3. Address of Operator Box 1800, Hobbs, New Mexico		10. Field and Pool, or Wildcat Crossroads	
4. Location of Well UNIT LETTER A LOCATED 660 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE OF SEC. 33 TWP. 9-S RGE. 36-E NMPM		12. County Lea	
19. Proposed Depth 13,550		19A. Formation Devonian	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4043 DF	21A. Kind & Status Plug. Bond On File	21B. Drilling Contractor BBM Drilling Co.	22. Approx. Date Work will start Nov. 18, 1965

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"		290	325	
12-1/4"	9-5/8"	36# & 40#	4602	3500	
7-7/8"	5-1/2"	15.5# & 17#	12700	400	

Clean out to original TD 12741' and drill deeper to approximately 13550', run 5-1/2" line from 4000' to the top of the Devonian @ 12700' and complete as a salt water disposal well.

This has been approved by Administrative Order No. SWD-56 dated November 5, 1965.

This well was originally drilled as U. D. Sawyer No. 1, by Skelly Oil Co., Plugged & Abandoned.

This well will be known as U. D. Sawyer #1 SWD.

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 E. J. Kennon Title Group Supervisor Date November 18, 1965

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: