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NEW MEXICO OIL CONSERVATION COMMISSION

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 OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Santa Fe "22"	
2. Name of Operator J.M. Huber Corporation		9. Well No. 1	
3. Address of Operator 1900 Wilco Building, Midland, Texas 79701		10. Field and Pool, or Wilcox South Crossroads	
4. Location of Well UNIT LETTER B LOCATED 330 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE OF SEC. 22 TWP. 10S RGE. 36E NMPM		12. County Lea	
19. Proposed Depth 12,000' PBTD		19A. Formation Strawn	
21. Elevations (Show whether DF, RT, etc.) 4009 GL		20. Rotary or C.T. Workover rig	
21A. Kind & Status Plug. Bond Blanket		22. Approx. Date Work will start 3/7/1968	

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"	48 & 54.5#	340	350	Circ.
12-1/4"	8-5/8"	24 & 32	4,196	300	?
7-7/8"	5-1/2"	17 & 20	12,245	550	9,200'

Well was originally completed in the Devonian in open hole from 12,245' to 12,260'. Last production was 1/20/1968, at which time it made 3 BO and 350 BW. Propose setting a cast iron bridge plug at 12,000'. Perforate 2 holes at 10,600' to test for cement, if necessary, squeeze. Then perforate for production at 10,589-592' and 10,582-584' in the Strawn.

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 *Alfred W. Moody* Title District Production Supt. Date 2/29/1968

(This space for State Use)

APPROVED BY *Joe L. Stamey* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: