7/8"

SUBMIT IN TRIP (Other Instruction

reverse side)

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE DESIGNATION AND SERIAL NO. LC-067775 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 1a. TYPE OF WORK 7. UNIT AGREEMENT NAME PLUG BACK DEEPEN DRILL A b. TYPE OF WELL MULTIPLE Zone S. FARM OR LEASE NAME SINGLE ZONE X 011° WELL X OTHER McCormick Federal "B" 2. NAME OF OPERATOR 9. WELL NO. Cocony Mobil Oil Company, Inc. 1 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT P. O. Box 1800, Hobbs, New Mexico Undesignated San Andres 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660 FS&WL of Sec. 29 At proposed prod. zone SW/4 SW/4 of Sec. 29 29-95-38E 12. COUNTY OR PARISH 13. STATE 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE. New Mexico 24.3 miles east of Crossroads, New Mexico 17. NO. OF ACRES ASSIGNED ... 16. NO. OF ACRES IN LEASE 15. DINTANCE FROM PROPOSED*
LOCATION TO NEARREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. line, if any) 160 160 6601 20. ROTARY OR CABLE TOOLS 19. PROPOSED DEPTH 18. DISTANCE FROM PROPOSED LOCATION*
TO NUMBER WELL, DRILLING, COMPLETED, 2640 North
OR APPLIED FOR, ON THIS LEASE, FT. 5,1001 Rotary 22. APPROX. DATE WORK WILL START* 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 1-19-65 3944 GR PROPOSED CASING AND CEMENTING PROGRAM $\overline{23}$. QUANTITY OF CEMENT ... SETTING DEPTH WEIGHT PER FOOT SIZE OF HOLE SIZE OF CASING 3501 300 sks. 29.0# 8 5/8" 12 1/4"

Run open hole Gamma Ray Sonic Log. Laterlog to 3900'. Cased hole Gamma Ray 3900' to 5100'.

9.5#

5,100

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug b. If proposal is to drill or deepen directionally, give pertinent data on subs ive data on present productive zone and proposed new productive locations and measured and true vertical depths. Give blowout

250

sks.

ŝ 15

| preventer program, if any. | | |
|----------------------------------------------|---------------|------------|
| SIGNED Mehanel | Group Supervi | sor |
| (This space for Federal or State office use) | | |
| PERMIT NO. | APPROVAL DATE | <u> </u> |
| | TITLE | |
| CONDITIONS OF APPROVAL, IF ANY: | | \ Ar |
| | | \ <u>i</u> |
| | | |

*See Instructions On Reverse Side

DISTRICT ENGINEER