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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM 1691	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Hileman Estates	
2. Name of Operator Delaware Apache Corporation		9. Well No. 1	
3. Address of Operator 2000 Wilco Building, Midland, Texas		10. Field and Pool, or Wildcat Jenkins Cisco	
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>24</u> TWP. <u>9S</u> RGE. <u>34E</u> NMPM		12. County Lea	
19. Proposed Depth 10,200		19A. Formation Bough C	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4180.4 GL	
21A. Kind & Status Plug. Bond Statewide Active		21B. Drilling Contractor Marcum Drilling Co.	
22. Approx. Date Work will start As soon as application is approved.			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	11 3/4	42	400	350	Circulate
11	8 5/8	24 & 32	4,350	400	
7 7/8	4 1/2	13.5 & 11.6	10,200	400	

Double ram hydraulically activated preventors to be installed and working below 350 feet.

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 Sarry Shamus Title Area Engineer Date March 31, 1965
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: