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LAND OFFICE	
OPERATOR	

# 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. <b>OG-5543</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>STATE "CX"</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>FLYING M SAN ANDERS</b>
12. County <b>LEA</b>
19. Proposed Depth <b>4500</b>
19A. Formation <b>SAN ANDRES</b>
20. Rotary or C.T. <b>ROTARY</b>
21. Elevations (Show whether DF, RT, etc.)
21A. Kind & Status Plug. Bond <b>BLANKET-ON FILE</b>
21B. Drilling Contractor <b>CACTUS DRILG. CO.</b>
22. Approx. Date Work will start <b>5-12-65</b>

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator <b>San American Petroleum Corp.</b>	
3. Address of Operator <b>Box 68 Hobbs N.M. 88240</b>	
4. Location of Well UNIT LETTER <b>H</b> LOCATED <b>2117.7</b> FEET FROM THE <b>NORTH</b> LINE AND <b>522</b> FEET FROM THE <b>EAST</b> LINE OF SEC. <b>18</b> TWP. <b>9S</b> RGE. <b>33E</b> NMPM	
23.	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24 #	400	225	Circulate
7 7/8	4 1/2	9.5 #	4500	250	2900

After drilling well, logs will be run and evaluations made, perforating and stimulating as necessary in attempting commercial production.

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 V. E. STALEY Title Area Supt Date 5-11-65

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

0+5-NMOCC  
1-JWB  
1-SWS  
1-WJS