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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

DEC 22 3 12 PM '65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG-93	
7. Unit Agreement Name	
8. Farm or Lease Name	
State "BB"	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
Mescalero San Andres	
12. County	
Lea	
19. Proposed Depth	19A. Formation
4500	San Andres
20. Rotary or C.T.	
Rotary	
21A. Kind & Status Plug. Bond	21B. Drilling Contractor
On File	Verna Drilling Co.
22. Approx. Date Work will start	
December 29, 1965	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
A. Type of Work	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
B. Type of Well	
OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WIRE LINE <input type="checkbox"/> OTHER <input type="checkbox"/>	
C. Name of Operator	
Bacony Mobil Oil Company, Inc.	
D. Address of Operator	
Box 1800, Hobbs, New Mexico	
E. Location of Well	
UNIT LETTER G LOCATED 2310 FEET FROM THE East LINE	
PORT FROM THE North LINE OF SEC. 14 TWP. 10-S RGE. 32-E NMPM	
19. Proposed Depth	
4500	
19A. Formation	
San Andres	
20. Rotary or C.T.	
Rotary	
21. Deviations (Show whether DP, RT, etc.)	
4023 GL	
21A. Kind & Status Plug. Bond	
On File	
21B. Drilling Contractor	
Verna Drilling Co.	
22. Approx. Date Work will start	
December 29, 1965	

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"	29#	1600	1200	Circ.
8-3/4"	4-1/2"	9.5#	4500	150	2900

APPROVED
FOR STATE USE
12/24/65

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION; GIVE SUGGESTED PREVENTIVE PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

By E. J. Kennan Title Group Supervisor Date Dec. 22, 1965
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

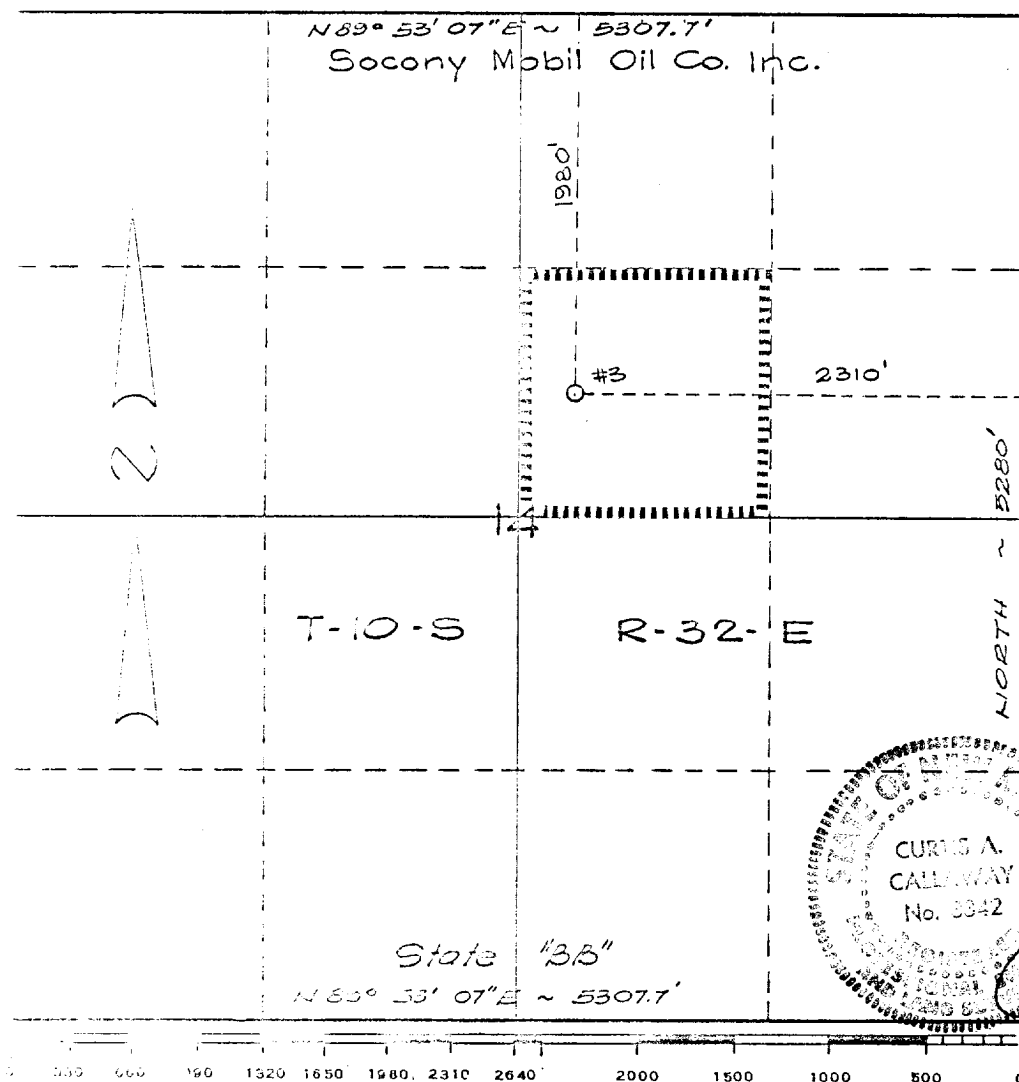
Owner: Mobil Oil Company, Inc.			Lease State "BB"		Well No. 3
Section 14	Township 10-S	Range 32-E	County Lea		
Actual Proposed Location of Well:					
4310 feet from the East line and		1980 feet from the North line			
4313	San Andres	Mescalero	Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

E. J. Kennon

Name
E. J. Kennon
Position
Group Supervisor
Company
Socony Mobil Oil Co. Inc.
Date
December 22, 1965

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

December 21, 1965

Date Surveyed
Registered Professional Engineer and/or Land Surveyor
Curis A. Callaway
3342
Certificate No.

