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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 12 11 27 AM '66

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
OG-765

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"/>		None	
2. Name of Operator		8. Farm or Lease Name	
Charles B. Read		Gross	
3. Address of Operator		9. Well No.	
Box 1822, Roswell, New Mexico		1	
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>15</u> TWP. <u>10S</u> RGE. <u>33E</u> NMPM		10. Field and Pool, or Wildcat	
		Middle Lane	
		12. County	
		Lea	
		19. Proposed Depth	
		9900'	
		19A. Formation	
		Bough "C"	
		20. Rotary or C.T.	
		Rotary	
21. Elevations (Show whether DE, RT, etc.)		21B. Drilling Contractor	
21A. Kind & Status Plug. Bond		Marcum	
Statewide		22. Approx. Date Work will start	
		8-15-66	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	12-3/4"	38#	Approx. 350'	350	Circ. to surf.
11"	8-5/8"	24# & 32#	" 3980'	450	2900'
7-7/8"	4-1/2"	9.5#, 10.5#, 11.6#	9810'	350	8400'

FOR AT LEAST 30 DAYS
DRILLING COMMENCED
EXPIRES 11-12-66

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 Charles B. Read Title Operator Date August 11, 1966

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: