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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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| 5A. Indicate Type of Lease |
| STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> | | 8. Farm or Lease Name Santa Fe Pacific | |
| 2. Name of Operator Mobil Oil Corporation | | 9. Well No. 10 | |
| 3. Address of Operator P. O. Box 633, Midland, Texas 79701 | | 10. Field and Pool, or Wildcat Crossroads | |
| 4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>22</u> TWP. <u>9S</u> RGE. <u>36E</u> NMPM | | 12. County Lea | |
| 19. Proposed Depth 12,200 | | 19A. Formation Devonian | |
| 20. Rotary or C.T. Rotary | | 21. Elevations (Show whether DP, RL, etc.) 4034' - Ground | |
| 21A. Kind & Status Plug. Bond On File | | 21B. Drilling Contractor Unknown | |
| 22. Approx. Date Work will start July 27, 1972 | | | |

23.

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 17-1/2" | 13-3/8" | 48 | 350 | Circulate | Surface |
| 12-1/4" | 9-5/8" | 36 | 5000 | Circulate | Surface |
| 8-3/4" | 7" | 23 | 4800-11300 | Circulate | 4800 |
| | 7" | 26 | 11300-12100 | Circulate | 11300 |

APPROVAL BY
FOR THE DISTRICT
DIRECTOR OF AGRICULTURE

EXPIRES 10-24-72

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 A. D. Bond A. D. Bond Title Proration Staff Assistant Date July 21, 1972

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE JUL 24 1972
CONDITIONS OF APPROVAL, IF ANY: