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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

Form C-101
Revised 1-1-65

APR 14 2 39 PM '66

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
E-9089

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work Re-Entry		7. Unit Agreement Name	
b. Type of Well DRILL <input 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 New Mexico BW State	
2. Name of Operator Humble Oil & Refining Company		9. Well No. 5	
3. Address of Operator Box 1600, Midland, Texas		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER <u>0</u> LOCATED <u>662</u> FEET FROM THE <u>south</u> LINE AND <u>1997</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>16</u> TWP. <u>8-S</u> RGE. <u>33-E</u> NMPM		12. County Chaves	
19. Proposed Depth 5,000		19A. Formation San Andres	20. Rotary or C.T. -
21. Elevations (Show whether DF, RT, etc.) To be filed later	21A. Kind & Status Plug. Bond Blanket on file	21B. Drilling Contractor -	22. Approx. Date Work will start immediately

23. ~~PROPOSED~~ **Actual** CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	10-3/4	32.75	395	375	Cmt circulated
9-7/8	7-5/8	24	3586	500	2100' Temp Survey

Proposed Casing and Cement Program
6-3/4 4 1/2 9.5 5000 150 3500 feet
HOWCO method of cmtg to be used.

1. Drill cement plugs and clean out hole to approximately 5,000 feet.
2. Run Evaluation Logs in open hole.
3. If favorable, set 4 1/2" casing through pay.
4. Test for production.

7/13/66

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 [Signature] Title District Administrative Supervisor Date 4-14-66

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

mp