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HOBBS OFFICE O.C.C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 Form C-101
 Revised 1-1-65

DEC 5 7 47 AM '66

Indicate Type of Lease
 STATE FEE

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 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 Crosby	
2. Name of Operator Union Texas Petroleum Corporation		9. Well No. 2	
3. Address of Operator 1300 Wilco Bldg., Midland, Texas		10. Field and Pool, or Wildcat Cato (San Andres)	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>10</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM		12. County Chaves	
19. Proposed Depth 3800'		19A. Formation San Andres	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4102' GL (est)	21A. Kind & Status Plug, Bond Blanket-Permanent	21B. Drilling Contractor Not Known	22. Approx. Date Work will start 12-4-66

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2" or 11"	8-5/8"	24	500	375	Circ.
6-3/4"	4-1/2"	9.5	3800	800	Base of salt

Drill a well to a TD of 3800' to test the San Andres formation.
 API3M Rd. Blowout Preventor program will be used.

APPROVAL VALID
 FOR 90 DAYS UNLESS
 DRILLING COMMENCED,
 EXPIRES 3-7-67

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 Kumany Title Asst. Dist. Prod. Supt. Date 12-1-66

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: