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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <u>TX</u> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K-2018
7. Unit Agreement Name
8. Farm or Lease Name New Mexico
9. Well No. 1
10. Field or Pool or Lease UNDESIGNATED Tom-Tom
12. County Chaves
19. Proposed Depth 4300'
19A. Formation San Andres
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4111 GL (est.)
21A. Kind & Status Plug. Bond Blanket - Permanent
21B. Drilling Contractor Ard Drlg. Co.
22. Approx. Date Work will start October 10, 1967

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well 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"/>	DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
2. Name of Operator Union Texas Petroleum Corporation	
3. Address of Operator 1300 Wilco Bldg., Midland, Texas	
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 2 TWP. 8-S RGE. 31-E NMPM	
21. Elevations (Show whether DF, RT, etc.) 4111 GL (est.)	
21A. Kind & Status Plug. Bond Blanket - Permanent	
21B. Drilling Contractor Ard Drlg. Co.	
22. Approx. Date Work will start October 10, 1967	

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"	24#	500'	300	circ.
6 3/4" or 7 7/8"	4 1/2"	9.5#	T.D.	300	3000'

Drill a well to a TD of 4100' to test the San Andres formation. API 3M Rd Blowout Preventer program will be used.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES 1-4-68

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 L. L. Stuart Title Asst. Dist. Drlg. Supt. Date October 4, 1967

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: