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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. L-197 & R-7554
7. Unit Agreement Name
8. Farm or Lease Name State WR "A" Com
9. Well No. 2
10. Field and Pool, or Wildcat West Ranger Lake Devonian
12. County Lea
19. Proposed Depth 13,000'
19A. Formation Siluro Devonian
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.)
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor To Be Negotiated
22. Approx. Date Work will start Jan. 15, 1969

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
2. Name of Operator Amerada Petroleum Corporation	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	
4. Location of Well UNIT LETTER E LOCATED 2080 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 35 TWP. 12-S RGE. 36-E NMPM	
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"	36#	365'	400	Circulate
11"	8-5/8"	32#	4,200'	1500	1750'
7-7/8"	5-1/2"	17# 20#	13,000'	600	8000'

Refile for permit.

THE CASE NO. 137-69
24-1-69
CASING

FOR 30 DAYS OF THE
JULYING COMPLETED.
EXPRESS 3-2-69

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 Ed Dehl Title District Superintendent Date 11-29-68

(This space for State Use)

APPROVED BY John R. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: