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

JUN 13 11 25 AM '68

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.
<b>L-521</b>

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		- - -	
2. Name of Operator <b>Coastal States Gas Producing Company</b>		8. Farm or Lease Name <b>State "26"</b>	
3. Address of Operator <b>P. O. Box 235, Midland, Texas 79701</b>		9. Well No. <b>1</b>	
4. Location of Well UNIT LETTER <b>D</b> LOCATED <b>660'</b> FEET FROM THE <b>north</b> LINE AND <b>660</b> FEET FROM THE <b>west</b> LINE OF SEC. <b>26</b> TWP. <b>14S</b> RGE. <b>32E</b> NMPM		10. Field and Pool or Wildcat <b>UNDESIGNATED</b>	
		12. County <b>Lea</b>	
		19. Proposed Depth <b>10,500'</b>	
		19A. Formation <b>Penn</b>	
		20. Rotary or C.T. <b>Rotary</b>	
21. Elevations (Show whether DE, RT, etc.) <b>4291.3 GR</b>		21A. Kind & Status Plug. Bond <b>Blanket</b>	
		21B. Drilling Contractor <b>Not Assigned</b>	
		22. Approx. Date Work will start <b>6-17-68</b>	

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'	350	Circ.
11	8-5/8"	24 & 32#	4,000'	300	3000'
7-7/8"	5-1/2"	15.5 & 17#	10,500'	200	9200'

APPROVAL MUST BE OBTAINED  
24 HOURS PRIOR TO RUN IN  
AS NEEDED

9-14-68

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 *Joe K. Hennrich* Title Div. Prod. Supt. Date June 12, 1968

(This space for State Use)

APPROVED BY *Joe K. Hennrich* TITLE Div. Prod. Supt. DATE June 12, 1968

CONDITIONS OF APPROVAL, IF ANY: