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NEW MI	EXICO	OIL	CONSERVA	TION	COMMISSION
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Form C-101 Revised 14-65 2 175 26 1
5A. Indicate Type of Lease STATE FEE X
.5, State Oil & Gas Lease No.

0.5.0.5.				31715	FEE A	
LAND OFFICE			ļ.:	5. State Oil & C	Gas Lease No.	一
OPERATOR						l
<u> </u>			<u> </u>	mm	mmm	~
APPLICATION FOR DE	DWIT TO DOUL DEEDEN	OD DLUG BACK				$^{\prime\prime\prime}$
1a. Type of Work	RMIT TO DRILL, DEEPEN	, OR PLUG BACK				771
ia. Type of work			1	7. Unit Agreeme	ent Name	
b. Type of Well DRILL	DEEPEN	PLU	G BACK	8. Farm or Leas	se Name	
OIL X GAS WELL OTH	ER	SINGLE X	i		rry State (Co
2. Name of Operator				9. Well No.		
Elk Oil Company				1		j
3. Address of Operator				10, Field and	out, be whated	-
P O Box 310, Roswell	New Marica 882	n 1		Tres Par		l
4 Location of Well				TIES Pai	MINITES	$\overline{}$
UNIT LETTER _ F	LOCATED 2144	FEET FROM THE NOT	LINE A			W
7.054	_					$^{\prime\prime}$
AND 1874 FEET FROM THE WES	SC LINE OF SEC. 5	TWP. 15S RGE. 3				M
				12. County		11
				Lea		W
			<i>HHHH</i>	THITT	14111111111111111111111111111111111111	17
						\mathcal{W}
		19. Proposed Depth	19A. Formation	7777777	, Rotary or C.T.	771
		10,700			Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor			ate Work will start	\dashv
4127.0	Blanket	Hondo Dril	11-0	11/6/		
23.	- Darme C	COUNTY DE LA	- 4- 4- 1-1-1	TT/ ()		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	12-3/4	40	400	400	Circ
125	8-5/8	32	4500	1000	3500
7-7/8	5-1/2	1.7	10700	375	9000

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED,

EXPIRES 3-5-74

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DA	ATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC
I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
Signed Jally	President	Date 11/2/73
(This space for State Use)		
A. C.	्त्रव अधायत्वस् चारण	Bi ch t
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		