

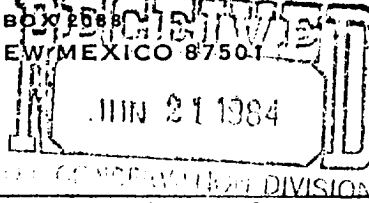
API # 30-007-20071

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-101
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5A. 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 b. Type of Well OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐				7. Unit Agreement Name	
2. Name of Operator Austra-Tex Oil Company				8. Farm or Lease Name Phelps Dodge	
3. Address of Operator 909 N.E. Loop 410, Suite 330, San Antonio, Texas 78209				9. Well No. 1-Y	
4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>2,055</u> FEET FROM THE <u>North</u> LINE AND <u>1,719</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>17</u> TWP. <u>29N</u> RGE. <u>21E</u> NMPM				10. Field and Pool, or Wildcat Wildcat	
12. County Colfax					
19. Proposed Depth 4,500'		19A. Formation Morrison		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 7,230 Ground		21A. Kind & Status Plug. Bond One-well		22. Approx. Date Work will start 6-12-84	

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	13-3/8"	63#	100'	140 sacks	Ground
12-1/4"	9-5/8"	32#	1,100'	565 sacks	Ground

Skidded rig over 200' to new location. Old location was 1,855' FNL and 1,719' FWL.

Propose to drill with 17½" bit to 100'. Set 100' of 13-3/8" casing. Drill out with 12¼" bit to 1,100'. Set 1,100' of 9-5/8" casing. Drill out with 7-7/8" bit to TD. Test and evaluate. Either set 4½" long string or plug and abandon.

COLLECT AND SACK SAMPLES FOR
NEW MEXICO BUREAU OF MINES, SOCORRO
AT AT LEAST TEN FOOT INTERVALS

OIL CONSERVATION COMMISSION TO BE NOTIFIED
WITHIN 24 HOURS OF BEGINNING OPERATIONS

APPROVAL VALID FOR 90 DAYS
PERMIT EXPIRES 10-1-84
UNLESS DRILLING UNDERWAY

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 [Signature] Title Chief Operating Officer Date 6-11-84

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 7-3-84
CONDITIONS OF APPROVAL, IF ANY: 6-11-84