NO. OF	COPIES RECEIV	ED									7	05-60476	
DISTRIBUTION					NEW MEXICO OIL CONSERVATION COMMISSION						30-0E	05-6077	
SANTA	INTA FE							EIVE	D		Form C-101 Revised 1-1-65		
FILE										5 <b>A.</b> Indicate	Type of Lease		
u.s.g.s. 2					DEC 28 1977						STATE FEE X		
L										5. State Oil	& Gas Lease No.		
OPERA	TOR		/_				n	ריז ניז		Ļ		**************	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUGBACK													
1a. Type of Work											7. Unit Agreement Name		
			٦.								Tr onat rigit	oment Ivalile	
b. Type o	D. Type of Well PLUG BACK									ACK L	8. Farm or Lease Name		
OIL WELL	OIL GAS SINGLE MULTIPLE ZONE ZONE								IPLE ZONE	Whit	tenberg "E"		
2. Name of Operator											9. Well No.		
PLANET, INC.												1	
3. Address of Operator											10. Field and Pool, or Wildcat		
P.O. Box 31718											Wildcat		
4. Location of Well JNIT LETTER D LOCATED 330 FEET FROM THE HOPTH LINE													
	330			Ţ" O	o.t	04		10.0	00	. [			
AND 330 FEET FROM THE TOST LINE OF SEC. 21 TWP. 10-S RGE. 25-1 NMPM (1), County													
Chaves													
11111	<i>HHH</i>	1111	1	11111	<i>HHHH</i>	<i>HHHHH</i>	###	HHHH	444	<i>HHHH</i>	TITT		
			//										
			$\mathcal{U}$	IIII			19. Pr	oposed Depth	19	A. Formation		20. Rotary or C.T.	
21. Elevations (Show whether DF, RT						3500		San Andres		C.T.			
21. Elevan			r, K	I, etc.)		& Status Plug. Bond	_	_			1	. Date Work will start	
23.	3921.5 Blanket Abbott Bros.							$\square$	Approval				
20.					Р	ROPOSED CASING	AND CEA	IENT PROGRA	М				
SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF										CEMENT	EST. TOP		
	19			8-5/3		24		400		200		Surface	
	7-7/8			4-1/2		10.50		3500		200		2000	
					•		Į						
			1				1			•		'	
It is proposed to drill this well to the above approximate depth to test the Slaughter zone of the San Andres ror to production at a lesser depth. If production is encountered casing will be run as shown and the well treated for production. If non-productive the well will be plugged as provided for by N.M.O.C.C. rules.													
APPROVAL VANID  160 TO TAKE MATER  DELLING COMPLETEE,  EXPIRES 3-29-78												o taus bartes G. Comput des,	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC													
TIVE 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.													
-	9/12	nel	1	. /									
Signed	W.D. I	117	LL	2/		Title	\gent			<i>L</i>	ate <u>12</u> -	27-77	
	(This	space for	Ju	ite Use)					-				
APPROVE	D BY	A'S	Ł	res	set	లోనెలె లోనెలె	ervisc	r, ditter		E.	ATE 1 1		

CONDITIONS OF APPROVAL, IF ANY: