

NO. OF COPIES RECEIVED	✓
DISTRIBUTION	
SANTA FE	✓
FILE	✓
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.	
NM 647	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		Re-enter P & A Well	
b. Type of Well		DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator		International-Yates	
3. Address of Operator		P. O. Box 427, Artesia, New Mexico	
4. Location of Well		UNIT LETTER <u>H</u> LOCATED <u>330</u> FEET FROM THE <u>East</u> LINE AND <u>2277</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>31</u> TWP. <u>17S</u> RGE. <u>28E</u> NMPM	
7. Unit Agreement Name			
8. Farm or Lease Name		State 647	
9. Well No.		206	
10. Field and Pool, or Wildcat		Artesia	
12. County		Eddy	
19. Proposed Depth		1950'	
19A. Formation		Premier(Grayburg)	
20. Rotary or C.T.		Rotary	
21. Elevations(Show whether DF, RT, etc.)		3696' GL	
21A. Kind & Status Plug. Bond		Blanket	
21B. Drilling Contractor		Company Tools	
22. Approx. Date Work will start		3-2-66	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8" OD	24#	795'		Circulated
7 7/8"	4 1/2" OD	11.6#	1950'	125	

Re-enter P & A well, Hondo Oil & Gas Company, State A No. 47, Spudded 9-2-65, 8 5/8" casing set at 795' GL *(808' KB) with 350 sacks cement, cement circulated. P & A 9-23-65, TD 6200'.

RECEIVED

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

MAR 1 1966

EXPIRES 5-29-66

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 W. G. Gusscott Title District Superintendent Date February 28, 1966

(This space for State Use)

APPROVED BY W. G. Gusscott TITLE District Superintendent DATE MAR 1 1966

CONDITIONS OF APPROVAL, IF ANY: