NO. OF COPIES RECEIVED					30-0	15-21532	
DISTRIBUTION	RIBUTION NEW MERCEOL CONSETVE ID COMMISSION				Form C -101		
NTAFÉ					Revised 1-1-6		
ř:LE	:	MAY 1 3 19	175		F-	Type of Lease	
U.S.G.S	-	MP (1.9 (2	17 9		STATE	Gas Lease No.	
OPERATOR '		O. C. C.			.s. state Off (Gas Lease No.	
ARTEMA, OFFICE						mmm	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
la. Type of Work	· 				7. Unit Agree	ement Name	
DRILL XX	DEEPEN PLUG BACK						
b. Type of Well	e of Well —					8. Farm or Lease Name Spencer Com	
OIL GAS WELL OTHER SINGLE XX MULTIPLE ZONE 2. Name of Operator							
· ·	tion Compony				9. Well No.		
3, Address of Operator	tion Company				10. Field and	i Pool, er Wildcat	
330 Citizens Bank Bldg., Tyler, Texas 75701					Atoka		
4. Location of Well UNIT LETTER K LOCATED 1980 West LINE					TITTI		
UNIT LEISE	K LOC	ATED	ET FROM THE	LINE			
AND 1650 FEET FROM	THE South LIN	E OF SEC. 1 TW	P. 185 RGE. 2	6E NMPM			
					12. County		
					Eddy		
<i>411111111111</i>			F. Proposed Depth 19	A. Formation		20. Rotary or C.T.	
			9400'	Morrow		Rotary	
21. Elevations (Show whether DF,	RT, etc.) 21A. Kind	& Status Plug. Bond 21		MOLIOW		Date Work will start	
3286 GL	\$10.00	O Blanket	N.A.		6-1-	75 —	
23.			CENEUT DECCE				
		ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	· · · · · · · · · · · · · · · · · · ·		SETTING DEPTH			EST, TOP	
20"	16" Conductor		200'	<u> </u>	sacks	Circ.	
15"	11-3/4"	42#	1300'		sacks sacks	Circ.	
11"	8-5/8"	24#	1970' 9400'	1	sacks	CIFC.	
7-7/8"	4-1/2"	10.5#	9400	323	Sacks		
10" 900 Series Hydril Shaffer Model 39-3000# Hydraulic Blowout Preventers (see attached manifold and equipment) MUD PROGRAM: 0' - 200' Spud Mud 200' - 1900' Native Mud 1900' - 7000' Water 7000' - 8000' Mud up and build viscosity 8000' - 9400' 9.5# - 9.8# - Vis. 34-40 WL 20cc or less.					APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED,		
NSL					 -		
IN ABOVE SPACE DESCRIBE PR	OPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN OR	: PLUG BACK, GIVE DATA ON	PRESENT PRO	DUCTIVE ZONE	AND PROPOSED NEW PRODUC-	
TIVE ZONE. GIVE BLOWOUT PREVENT	ER PROGRAM, IF ANY.						
I hereby certify that the information,	on above is true and comp	plete to the best of my ha	pwledge and belief.				
Signed Il Livelle	X13	TitleProduction	on Clerk		DateMay	9, 1975	
(This space for	State Usej					1 1 1075	
APPROVED BY N. U.S	Gressel	TITLE SUPERVIS	OR, DISTRICT II		DATE	1 4 1975	
CONDITIONS OF APPROVAL, IF	Cer	ment must be circu	lated to	Notify time	to witne	C. in sufficient	