است. ۲۰۰										
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NO. OF COPIES REC		· · ·								
DISTRIBUTIO	0 N	NEW.	MEXICO OIL CONSER		Form C-101 Revised 1-1-65					
SANTA FE				5A. Indicate '	Type of Lease					
FILE		+	J	STATE XX FEE						
LAND OFFICE		- -			.5. State Oil & Gas Lease No.					
OPERATOR				O. C. D.			в-7717			
		_1	ARTESIA, OFFICE							
AP	PLICATIO	N FOR PERMIT TO	DRILL, DEEPEN, O	OR PLUG B	ACK					
1a. Type of Work		7. Unit Agree	ment Name							
			DEEPEN		PLUG BA	ск 🗍				
b. Type of Well							8. Farm or Le			
OIL A	GAS WELL	OTHER		SINGLE X MULTIPLE ZONE ZONE] New Mexico CZ State			
2. Name of Operator	r						9. wen No.			
Exxon Corp	poration				· · · · · · · · · · · · · · · · · · ·		-	Pool, or Wildcat		
3. Address of Opera			^					ated Turkey Track		
	1600, <u>M</u>	idland, TX 7970	2				innn	VIIIÀIIIIII		
4. Location of Well	UNIT LETTE	ER LOC	ATED 1980 F	EET FROM THE	South	LINE	(//////			
710		THE East LIN	E OF SEC. 2 T	wp. 195	RGE. 29E	NMPM	AIIIII			
AND TI	FEET FROM			<u> </u>	<u>IIIIII</u>	IIIII	12. County			
	///////						Eddy			
AHHHHH	HHHH	*************	<i>11111111111111</i>	<u>IIIIII</u>	<u>IIIIII</u>	IIIII	())))))			
AHHHHH	ttttttt		((((((((((((((((((((((((((((((((((((9. Proposed D	epth 19	A. Formatio	n	20. Rotary or C.T.		
				11,000	At	oka/Mo	rrow	Rotary		
21. Elevations (Sho			- 1	1B. Drilling C	ontractor			Date Work will start		
Unavailab	le	Bl	anket	Unknown			2-15-	-81		
23.		F	ROPOSED CASING AND	CEMENT PR	OGRAM					
·		SIZE OF CASING	WEIGHT PER FOOT	SETTING	DEPTH	SACKS O	F CEMENT	EST. TOP		
SIZE OF I	HULE		54.5	60		30		Surface		
17 1/2"		<u>13 3/8''</u> 9 5/8''	36.0		3050		0			
<u>121/4"</u>		5 1/2"	15.5, 17, 20			1500		3000'		
7 7/8"			1919, 11, 1	- 1	-					
Mud Progr										
0- 600		F.W. Spud Mud	8.4+ ppg							
600-3050		BW	10.0 ppg							
3050-8900		FW	8.4 ppg							
8900-TD		Cut BW	9.6-10.2 ppg							
0900 ID		out bu	110							
Gas is no	t dedica	ted to a purcha	ser.							
		•								
	÷									
	DESCRIBE P	ROPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN	OR PLUG BACK,	GIVE DATA ON	PRESENT P	RODUCTIVE ZON	E AND PROPOSED NEW FRODUC-		
TIVE ZONE. GIVE BLO	OWOUT PREVEN	TER PROGRAM, IF ANT.								
l hereby certify tha	t the informat	tion above is true and con	aplete to the best of my l	knowledge and	belief.					
· · · · · ·	16.17	Fritting	Tule_Proratio	n Special	ist		Date	1-2-81		
Signed U 1 12										
	This space fo									

_____ TITLE ____ TUPERVISER, DISTING IL ____ DATE ____ JAH 2 7 1201

APPROVED	ВY	÷	 	-	

CONDITIONS OF AFFROVAL, IF ANY: