								ZA AL	5-2368-3	
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DISTRIBUTION		<u> </u>	NE	W MEXICO OIL CO	INSERVATION CO	MMISSION		Form C-101 Revised 1-1-65		
SANTA FE	1						-		Type of Lease	
FILE	1	1			1 A	a T	- 10 <u>24</u>	SA. Indicate		
U.S.G.S.	12						Ļ		Gas Lease No.	
LAND OFFICE	1								1051	
OPERATOR							· · .			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK										
1a. Type of Work		-	<u> </u>					7. Unit Agree	ement Name	
							заск 🗍			
Di b. Type of Well	RILL 🗶					12002		8. Farm or Le		
	GAS		OTHER		SINGLE ZONE		ZONE		ren State	
2. Name of Operator								9. Well No.		
HARBOB Oil Company									# 2	
3. Address of Operator	<u> </u>			<u> </u>				10. Field and	l Pool, or Wildcat	
P.O. Box 158, Loco Hills, New Mexico 88255									Millman Grayburg	
4. Location of Well	UNIT LETTE	R	E	OCATED 1650	FEET FROM THE	N	LINE			
AND 330 F	EET FROM	тне	W	LINE OF SEC. 17	TWP. 19	RGE. 28	ммрм			
		III						12. County E ddy		
	44444	<i>HH</i> .	+++++++++	<i>\\\\\\\\\\</i>	********	HHH;	HHHH	mm	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
		///;				11111.				
	11111	$\mathcal{H}\mathcal{H}$	<i>HHHH</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19. Proposed De	$\frac{1}{1}$	9A. Formation	111111	20. Rotary or C.T.	
					2250			RG	C.T.	
21. Elevations (Show u	hether DF,	RT, e	tc.) 21A. Ki	nd & Status Plug. Ba					. Date Work will start	
3526				ll active	HARBOB OI	HARBOB OIL CO.			3-5-81	
23.			<u>_</u>							

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10 in.	<u> </u>	24 LB.	350	50	
<u> </u>	7 in.	17 LB.	2250	100	

APPROVAL VALID FOR 180 DAYS PERMIT EXAMPLE 93 9-3-81 UNLESS DEALTH G UNDERWAY

Asal and the

BOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-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 Harry T. Flym (This space for State Use) 3-2-8/ _ Tille_____ O - OWNAR Date resset ______ SUPERVISOR, DISTRICT U_____ DATE______ DATE______ MAR 0 3 1391

CON DITIONS OF APPROVAL, IF AN Coment new the elevulated to Furface behind 8 2/5" casi.