

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

AUG - 8 1978

O. C. C.
ARTEBIA, OFFICE

30-015-22651
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Walterscheid	
2. Name of Operator C & K Petroleum, Inc. ✓		9. Well No. 1	
3. Address of Operator P.O. Drawer 3546, Midland, Texas 79701		10. Field and Pool, or Wildcat Wild Cat	
4. Location of Well UNIT LETTER A LOCATED 484 FEET FROM THE East LINE AND 599 FEET FROM THE North LINE OF SEC. 21 TWP. 22-S RGE. 27-E NMPM		12. County Eddy	
19. Proposed Depth 3800'		19A. Formation Delaware	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3105.9	
21A. Kind & Status Plug. Bond Blanket-Active		21B. Drilling Contractor L.O. Drilling Company	
22. Approx. Date Work will start Upon Approval			

23.

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"	24#	450'	300	Surface
7-7/8"	5-1/2"	14#	3800'	400	1400'

Blow out preventer: 10" series 900, Shaffer, manual with blind rams and drill pipe rams with manifold with adjustment and positive choke.

NOTE: Distance to nearest dwelling: 440' northeast.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 11-9-78

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 [Signature] Title Administrative Supervisor Date August 7, 1978

(This space for State Use)

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE AUG - 8 1978

CONDITIONS OF APPROVAL, IF ANY: