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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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SEP 17 1979

Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Ann	
9. Well No. 1	
10. Field and Pool, or Wildcat Und Malaga Morrow (gas)	
12. County Eddy	
19. Proposed Depth 13,500	19A. Formation Morrow
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 3000.2 GL	21A. Kind & Status Plug. Bond \$10,000 well*
21B. Drilling Contractor Warton Drilling Co.	22. Approx. Date Work will start Oct. 15, 1979

O. C. C.
APPLICATION FOR PERMIT TO DRILL, DEEPEN, PLUG BACK

1a. Type of Work	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
2. Name of Operator Adams Exploration Company	
3. Address of Operator 410 W. Ohio, Suite 202, Midland, Texas 79701	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>1455</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>15</u> TWP. <u>24 S</u> RGE. <u>28 E</u> NMPM	
21. Elevations (Show whether DF, RT, etc.) 3000.2 GL	
21A. Kind & Status Plug. Bond \$10,000 well*	
21B. Drilling Contractor Warton Drilling Co.	
22. Approx. Date Work will start Oct. 15, 1979	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Please refer to attached Drilling Prognosis for well details.

*Bond has been accepted by Commission. Now in process to obtain rider showing exact surface location of well.

gas is not dedicated.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES _____

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 Operations Manager Date September 14, 1979
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Cement must be circulated to
surface behind _____ casing