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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 031
30-633-20032

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.
-

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name -	
2. Name of Operator Tesoro Petroleum Corporation		8. Farm or Lease Name Santa Fe Railroad	
3. Address of Operator 533 Busby Drive, San Antonio, Texas 78209		9. Well No. 12	
4. Location of Well UNIT LETTER D LOCATED 330 FEET FROM THE West LINE 330 North 7 17N 8W AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		10. Field and Pool, or Wildcat South Hospah Lower San	
		12. County McKinley	
		19. Proposed Depth 1560	
		19A. Formation Gallup	
		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond Blanket	
		21B. Drilling Contractor Tom Whigham	
		22. Approx. Date Work will start as soon as possible	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8	24#	63'	40	Surface
7-7/8"	5-1/2	14#	1,555'	60	1200'
4-3/4"	Open hole	-	-	-	-

Propose to drill to just above top of Lower Hospah Gallup sand, set casing and cement. Drill out below casing, using oil, penetrating 3 to 4 feet of Lower Hospah Gallup formation.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES Nov 23, 1967



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 Harold Vagthorpe Title Vice President Date August 21, 1967

(This space for State Use)

APPROVED BY Curry A. Cline TITLE Sup Dist Tlc DATE 8-24-67
CONDITIONS OF APPROVAL, IF ANY:

