SUBMIT IN TR (Other instructive reverse si

UNITED STATES DEPARTMENT OF THE INTERIOR

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	USNM-12020					
ACK		DIAN, ALLOT	TEE OR TRIE	E NAME		
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CK 🗆	7. UNIT	AGREEMENT				
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<u> </u>	S. FARM OR LEASE NAME					
\$4. .s.	Kirby Gallegos					
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ę.		LD AND POOL	, OR WILD	CAT		
	WAW Pictured Cliff					
2.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
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17. No. 0		Juan Assigned	<u> </u>	<u>Mexic</u> o		
TO T	HIS WELL	160) ^{(**}			
20. ROTA	RY OR CA	BLE TOOLS	<u> </u>			
-		Rotary				
22. APPROX. DATE WORK WILL START*						
	12	-7-76				
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QUANTITY OF CEMENT						
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GEOLOGICAL SURVEY APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG B 1a. TYPE OF WORK DRILL 🖄 DEEPEN | PLUG BAC b. TYPE OF WELL MULTIP ZONE GAS WELL OTHER 2. NAME OF OPERATOR Kirby Exploration Company 3. ADDRESS OF OPERATOR P.O. Box 1745, Houston, Texas 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) 980' FSL & 880' FEL At proposed prod. zone Same 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 20 miles south of Farmington, New Mexico 15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, 16. NO. OF ACRES IN LEASE 640 8801 (Also to nearest drlg. unit line, if any) 19. PROPOSED DEPTH 18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 100' 1550 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 5980 GR $\overline{23}$ PROPOSED CASING AND CEMENTING PROGRA SETTING DEPTH SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT

Change name from Gallegos #5 to Kirby Gallegos #5 as per New Mexico Oil Conservation Commission.



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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

William T. Johns	Agent Agent	DATE 11-22-76
(This space for Federal or State office use)		reiding of the state of the sta
PERMIT NO.	APPROVAL DATE	DATE AND THE
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	