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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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 DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Reentry</u> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <u>Donella</u>
2. Name of Operator <u>West Gas, Inc.</u>		9. Well No. <u>1</u>
3. Address of Operator <u>604 West Pinon Farmington, N.M.</u>		10. Field and Pool, or Wildcat <u>Undesignated Gallup</u>
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>990</u> FEET FROM THE <u>S</u> LINE AND <u>330</u> FEET FROM THE <u>E</u> LINE OF SEC. <u>3</u> TWP. <u>29</u> RGE. <u>15</u> NMPM		12. County <u>San Juan</u>
19. Proposed Depth <u>4378</u>		19A. Formation <u>Gallup</u>
20. Rotary or C.T. <u>Rotary</u>		
21. Elevations (Show whether DF, RT, etc.) <u>5156 GL</u>	21A. Kind & Status Plug. Bond <u>One Well</u>	22. Approx. Date Work will start <u>9/28/74</u>

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
* <u>12 1/4</u>	<u>8-5/8</u>	<u>24 lb.</u>	<u>133 ft.</u>	<u>75</u>	
* <u>7-7/8</u>	<u>4 1/2</u>	<u>9 1/2 lb.</u>	<u>4,475 ft.</u>	<u>180</u>	

* Casing run by former operator.

Intend to drill plugs and recompleat as Gallup Oil Well

*Not approved —
Approval 8.20.74 for G & B Oil Co.
to re-enter.*



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 CHARL S. Blint Title ACCOUNTANT Date 9/17/74

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: