

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☐DEEPEN ☐PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐X OTHER DRILL-RE-ENTRY SINGLE  
ZONE ☐MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

R. A. Crane, Jr.

## 3. ADDRESS OF OPERATOR

2802 E. 20th

Farmington, New Mexico

87401

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1530 FNL

610 FWL

At proposed prod. zone

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

Four miles northeast

Shiprock, New Mexico

15. DISTANCE FROM PROPOSED\*  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drig. unit line, if any)

610'

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

## 16. NO. OF ACRES IN LEASE

640 acres

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

40 acres

## 19. PROPOSED DEPTH

Old T.D. 1043'

## 20. ROTARY OR CABLE TOOLS

Rotary

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

5065' GR.

## 22. APPROX. DATE WORK WILL START\*

7/1/75

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

RECEIVED

JUL 2 1975

U. S. GEOLOGICAL SURVEY  
#1 - FARMINGTON, N. M.

This well was originally the King Oil Co. Navajo C  
lease #1-149-Ind-7653.

We propose to re-enter this well by pulling the dry hole marker,

drilling out the cement plugs and cleaning out to total depth of

1043'. If commercial production is indicated tubing will be  
run and the well placed on production.

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.

24. SIGNED Sandra M. Anderson TITLE Secretary DATE 6/30/75  
Sandra M. Anderson SECRETARY  
(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: