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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
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	
E. C. Hill "A"	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Undesignated	
12. County	
Lea	
19. Proposed Depth	19A. Formation
6100'	Blinebry
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
3280.1	Blanket - Current
21B. Drilling Contractor	
Ormand Drlg. Co.	
22. Approx. Date Work will start	
20 December 1967	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well DRILL DEEPEN PLUG BACK

OIL WELL GAS WELL OTHER

SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Bronco Oil Corporation

3. Address of Operator
P. O. Box 5114, Midland, Texas

4. Location of Well
UNIT LETTER 0 LOCATED 990 FEET FROM THE south LINE
AND 2310 FEET FROM THE east LINE OF SEC. 27 TWP. 23-S RGE. 37-E NMPM

19. Proposed Depth 6100'

19A. Formation Blinebry

20. Rotary or C.T. Rotary

21. Elevations (Show whether DF, RT, etc.) 3280.1

21A. Kind & Status Plug. Bond Blanket - Current

21B. Drilling Contractor Ormand Drlg. Co.

22. Approx. Date Work will start 20 December 1967

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9-5/8"	32.3#	1050'	450	Circ.
8-3/4"	7"	23# & 26#	T.D.	550	Base of salt

This well will be drilled to a depth sufficient to test the Blinebry formation, approximately to 6100'

317C

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 Vice President Date 18 December 1967

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: