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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 *8-025-2387D*

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1520	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name Bridges State	
2. Name of Operator Mobil Oil Corporation				9. Well No. 163	
3. Address of Operator P. O. Box 633, Midland, Texas, 79701				10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER <u>J</u> LOCATED <u>1980</u> FEET FROM THE <u>East</u> LINE <u>South</u> AND <u>1980</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>15</u> TWP. <u>17S</u> RGE. <u>34E</u> NMPM				12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 4043.5 Ground				22. Approx. Date Work will start July 16, 1971	
21A. Kind & Status Plug. Bond On File				21B. Drilling Contractor	
19. Proposed Depth 8850				19A. Formation Abo	
20. Rotary or C.T. Rotary					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"	28#	2900	Circulate	Surface
7 7/8"	5 1/2"	17#	8850	"	"

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO RUNNING 8/5/71
CASING.

Mud Program

0 - 1600 - Spud Mud
1600 - 2900 - Saturated Brine
2900 - 8600 - Fresh Water
8600 - 8800 - Fresh Water Gel

Logging Program

GR - SWN - CAL - Surface to Total Depth

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 10-12-71

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 A. D. Bond A. D. Bond Title Proration Staff Assistant Date July 8, 1971

(This space for State Use)
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE JUL 12 1971
CONDITIONS OF APPROVAL, IF ANY: