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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.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
Name of Well <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <i>Holt Marchoy</i>
Name of Operator <i>Texaco Oil Company</i>		9. Well No. <i>1</i>
Address of Operator <i>Box 1031, Midland, Texas 79701</i>		10. Field and Pool, or Wildcat <i>Wildcat</i>
Location of Well UNIT LETTER <i>C</i> LOCATED <i>660</i> FEET FROM THE <i>northern</i> LINE <i>1920</i> FEET FROM THE <i>west</i> LINE OF SEC. <i>12</i> TWP. <i>4N</i> RGE. <i>31E</i> NMPM		12. County <i>Curry</i>
19. Proposed Depth <i>3500</i>		19A. Formation <i>San Andres</i>
20. Rotary or C.T. <i>Peterson</i>		21. Kind & Status Plug. Bond <i>in effect</i>
21B. Drilling Contractor <i>Cactus Drilling Co.</i>		22. Approx. Date Work will start <i>upon approval</i>

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"	24	400	suff. to	Circulate
7 7/8"	4 1/2"	10.5	3500	suff. to bring top to 2400'	

THIS SPACE IS AVAILABLE  
FOR COMMENTS UNLESS  
SPECIFIC COMMENTS ARE  
MADE

3-1-68

8/8

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION 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.E. Smith* Title *Sr. Prod. Clerk* Date *11-30-67*

(This space for State Use)

APPROVED BY *[Signature]* TITLE *STATE OIL DISTRICT* DATE *DEC 1 1967*

CONDITIONS OF APPROVAL, IF ANY: