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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

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL 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"/>		9. Well No.	
2. Name of Operator		10. Field and Pool, or Wildcat	
3. Address of Operator		12. County	
4. Location of Well		20. Rotary or C.T.	
UNIT LETTER <u>C</u> LOCATED <u>660</u> FEET FROM THE <u>NORTH</u> LINE		22. Approx. Date Work will start	
AND <u>2310</u> FEET FROM THE WEST LINE OF SEC. <u>14</u> TWP. <u>9-S</u> RGE. <u>35-E</u> NMPM		UPON APPROVAL	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
4130 GL		IN EFFECT	
19. Proposed Depth		21B. Drilling Contractor	
9757		UNKNOWN	
19A. Formation		22. Approx. Date Work will start	
BOUGH "C"		UPON APPROVAL	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 1/4"	43	400	450	CIRC.
12 1/2"	9 5/8"	40.936	4035	1800	CIRC.
8 3/4"	7"	29.26423	4733	200	8350

THIS WELL WAS ORIGINALLY DRILLED AS GULF OIL CORP.'S JOHN ALLEN #1 TO A T.D. OF 9757' AND COMPLETED 3-6-52. IT PRODUCED FROM THE BOUGH "C" UNTIL 1-3-56 WHEN THE 4" CASING WAS SHOT OFF, PULLED AND THE WELL PLUGGED BACK TO 4050'. COMPLETION WAS ATTEMPTED AND FAILED IN THE QUEEN ZONE. WELL WAS P&A ON 1-7-56

PROPOSE TO RE-ENTER, CLEAN OUT, AND CASING TO T.D. AND TEST FOR 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. 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 W. J. D. [Signature] Title DIST. DRUG. ENGINEER Date 10-16-69

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE OCT 14 1969

CONDITIONS OF APPROVAL, IF ANY: