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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 1689
7. Unit Agreement Name
8. Farm or Lease Name Sally Cole
9. Well No. 1
10. Field and Pool, or Wildcat Jenkins Cisco
12. County Ira
19. Proposed Depth 10,000'
19A. Formation Bough "C"
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4182.9 GL
21A. Kind & Status Plug. Bond Statewide Active
21B. Drilling Contractor Marcum Drilling Co.
22. Approx. Date Work will start June 15, 1965

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Delaware Apache Corporation
3. Address of Operator 2000 Wilco Building, Midland, Texas
4. Location of Well UNIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE OF SEC. 25 TWP. 9S RGE. 34E NMPM
19. Proposed Depth 10,000'
19A. Formation Bough "C"
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4182.9 GL
21A. Kind & Status Plug. Bond Statewide Active
21B. Drilling Contractor Marcum Drilling Co.
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PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	11 3/4	42	400	375	Circulate
11	8 5/8	24 & 32	4,200	550	
7 7/8	4 1/2	11.6	10,000	350	

Double ram hydraulically activated preventors to be installed & working below 350 feet.

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 Sally Shamer Title Area Engineer Date June 3, 1965
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: