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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBS OFFICE O. C. C.

DEC 1 11 31 AM '66

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. K 2443
7. Unit Agreement Name
8. Farm or Lease Name Lane State
9. Well No. 1-Y
10. Field and Pool, or Wildcat Wildcat
12. County Lea
19. Proposed Depth 10,000'
19A. Formation Bough C
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) furnish later
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Cactus
22. Approx. Date Work will start 11-29-66

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work 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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator MONSANTO COMPANY	3. Address of Operator 101 North Marienfeld	4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 760 FEET FROM THE West LINE OF SEC. 30 TWP. 10S RGE. 34E NMPM
23. 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#	350	400	Circ. to surface
10-5/8"	8-5/8"	24, 28, 32#	4,000	400	2000'
7-7/8"	5-1/2"	15.5 & 17#	10,000	600	6300'

This well will be drilled to a total depth of 10,000 with mud and/or water to test the Bough "C" formation using the above casing and cementing program. All significant shows of oil and/or gas will be drill stem tested. Logs will be run prior to setting oil string. Perforate, treat, and test Bough "C" zone.

BOP: 1500 series hydraulic preventor and a hydriil preventor.

APPROVAL FOR 90 DAYS  
DRILLING COMPLETED

EXPIRES 3-4-67

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. W. Wood Title Dist. Prod. Supt. Date 11-30-66

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: