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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 0. 0. 0.

FEB 14 11 20 AM 1967

Form C-101
Revised 1-1-65

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			
b. Type of Well		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		O. D. McCoy	
2. Name of Operator		9. Well No.	
Southland Royalty Company		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
1405 Wilco Building, Midland, Texas 79701		Undesig. (Flying M Ext.)	
4. Location of Well		12. County	
UNIT LETTER <u>J</u> LOCATED <u>2120</u> FEET FROM THE <u>East</u> LINE AND <u>2120</u> FEET FROM THE <u>South</u> LINE OF SEC. 28 TWP. 9-S RGE. 33-E NMPM		Lea	
19. Proposed Depth		19A. Formation	
4700'		San Andres	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
4328.5 G.L.		Blanket (current)	
21B. Drilling Contractor		22. Approx. Date Work will start	
Cactus Drlg. Corp.		Feb. 17, 1967	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	325'	250	Circ.
7 7/8"	5 1/2"	14#	4700'	350	2500'

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 5-16-67

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 Alton C. Goodrich Title Dist. Prod. Supt. Date February 13, 1967
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: