20	02	5	220	43
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DISTRIBUTION	- 	NEW MEXICO OIL CONSERVATION COMMISSION C-101								
SANTA FE		NEW	MEXICO OIL CONSER	VATION-COM	Mesign	59 11 7	Perm C-101 Vevised 1-1-6	5		
FILE	 				•	Jy		Type of Lease		
U.S.G.S.							STATE			
LAND OFFICE						<u> </u>		& Gas Lease No.		
OPERATOR							K-23	71		
							111111			
APPLICATIO	N FOR PER	MIT TO	DRILL, DEEPEN, O	OR PLUG BAG	CK					
la. Type of Work							7. Unit Agre	ement Name		
DRILL X			DEEPEN		PLUGE	ACK				
b. Type of Well							8. Farm or L			
OIL X GAS WELL	OTHER	1		SINGLE X	MUL	ZONE		o State		
2. Name of Operator							9. Well No.	1		
Stoltz & Comp 3. Address of Operator	any-Clark							<u>-</u>		
-•	te & Cae	Sarvia	ces, Box 763, Ho	hhe Now N	lovia			d Pool, or Wildcat N. Bagley		
			CATED 660 FE				777777	2610)		
UNIT LETTI	R	LO	CATED OOU FE	ET FROM THE	OULII	LINE				
AND 660 FEET FROM	THE East	LI	NE OF SEC. 4 TV	VP. 11 S RG	. 33	E NMPM				
		11111		HIHH	TITI		12. County	XHHHH		
							Lea			
					1111		111111			
				Proposed Dept	h 1	9A. Formation		20. Rotary or C.T.		
21. Elevations (Show whether DF,				10,400		Lower		Rotary		
	KI, etc.)		ı	1B. Drilling Cont				. Date Work will start 7/67		
4260.9 GL	L		Blanket	Moran Drlg		· · · · · · · · · · · · · · · · · · ·	2/2	1/01		
		ı	PROPOSED CASING AND	CEMENT PROGR	RAM					
SIZE OF HOLE	SIZE OF C	ASING	WEIGHT PER FOOT	SETTING D	EPTH	SACKS OF	CEMENT	EST, TOP		
16	13	3/8	48#	300		200		Circ.		
10 3/4		5/8	24#	3750		200		2850		
7 7/8		1/2	11.6#	10,400		350		8865		
·	ł	•		,		1				
						PPROVAL V 30 DAYS LING CON	alis			
						DURCHY AL V	UNIESS			
)* 	O DAYS	MENCED!			
					اب: الله -	HNG COM	With	7		
					Filtr	~	التقديمين والم			
						Sin Land				
					EXPIRE	3				
N ABOVE SPACE DESCRIBE PR TIVE ZONE. GIVE BLOWOUT PREVENT	OPOSED PROC ER PROGRAM, IF	RAM: IF	PROPOSAL IS TO DEEPEN OR	PLUG BACK, GIVE	DATA ON	PRESENT PRO	OUCTIVE ZONE	AND PROPOSED NEW PRODUC		

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signed (This space for State Use) APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: