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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
HODGES-PRICE O.C.C.

Form C-101
Revised 1-4-65

MAR 13 7 51 AM '67

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-9669	
7. Unit Agreement Name	
8. Farm or Lease Name	
New Mexico CC State	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Inbe Penn	
12. County	
Lea	
19. Proposed Depth	19A. Formation
9800	Pennsylvanian
	(Bough C)
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DE, KT, etc.)	22. Approx. Date Work will start
To be filed later	3-20-67

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	
HUMBLE OIL & REFINING COMPANY	
3. Address of Operator	
BOX 1600, MIDLAND, TEXAS	
4. Location of Well	
UNIT LETTER N	LOCATED 554 FEET FROM THE S LINE
AND 2086 FEET FROM THE W LINE OF SEC. 27	TWP. 10-S RGE. 33-E NMPM
5. Undesignated	
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23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2 or 15	13-3/8 or 11-3/4	48 or 42	350	300 sks	Circl to surf.
11	8-5/8	24	4100	350 sks	*
7-7/8	5-1/2 or 4-1/2	15.5# or 9-1/2	9800	300 sks	**

*Circl to approx. 2500'.

**Circl to approx 8000 or 600' above top of uppermost pay section.

Min. mud for samples.

HOWCO method of cmtg to be used.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES

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 J. E. Johnston Title Agent Date 3-10-67

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: