

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

C O R R E C T E D P E R M I T

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K 5353

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"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Southern Minerals Corporation		8. Farm or Lease Name State "D"	
3. Address of Operator P. O. Box 716 - Corpus Christi, Texas 78403		9. Well No. 2	
4. Location of Well UNIT LETTER D LOCATED 660' FEET FROM THE North LINE AND 510' FEET FROM THE West LINE OF SEC. 8 TWP. 11-S RGE. 34-E NMPM		10. Field and Pool, or Wildcat Inbe Penn	
		12. County Lea	
		19. Proposed Depth 9885'	
		19A. Formation Bough-C	
		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) Ground 4195.6'		21A. Kind & Status Plug. Bond Bond on File	
		21B. Drilling Contractor Clark Well Service	
		22. Approx. Date Work will start October 2, 1967	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

TO CORRECT UNIT LETTER FROM "E" TO "D"

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 [Signature] Title **Authorized Employee** Date **9/28/67**
(This space for State Use)

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