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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

JUL 19 11 23 AM '67

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

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name <b>Epperson "B"</b>	
2. Name of Operator <b>Southland Royalty Company</b>		9. Well No. <b>1</b>	
3. Address of Operator <b>1405 Wilco Bldg., Midland, Texas 79701</b>		10. Field and Pool, or Wildcat (Inbe-Penn. Ext.) <b>Undesig</b>	
4. Location of Well UNIT LETTER <b>A</b> LOCATED <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>800</b> FEET FROM THE <b>East</b> LINE OF SEC. <b>25</b> TWP. <b>11-S</b> RGE. <b>33-E</b> NMPM		12. County <b>Lea</b>	
19. Proposed Depth <b>9900</b>		19A. Formation <b>Bough "C"</b>	
20. Rotary or C.T. <b>Rotary</b>		21. Elevations (Show whether DF, RT, etc.) <b>N.R. 4215.5' GR</b>	
21A. Kind & Status Plug. Bond <b>Blanket (current)</b>		21B. Drilling Contractor <b>Cactus Drilling Co.</b>	
22. Approx. Date Work will start <b>July 25, 1967</b>			

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'	325	Circulate
11"	8 5/8"	24# & 32#	4000'	600	2000'
7 7/8"	5 1/2"	15.5# & 17#	9900'	600	5500'

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED.  
EXPIRES 10/18/67

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 C. H. Alan Title **District Engineer** Date **July 18, 1967**  
(This space for State Use)

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