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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

JUL 28 11 27 AM '67

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input 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"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name	
2. Name of Operator Hanson & Allen, Inc.				9. Well No.	
3. Address of Operator Box 953, Midland, Texas				10. Field and Pool, or Wildcat	
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>660</u> FEET FROM <u>11</u> LINE AND <u>1900</u> FEET FROM THE <u>E</u> LINE OF SEC. <u>31</u> TWP. <u>11S</u> RGE. <u>30E</u> NMPM				12. County <u>100</u>	
13. Proposed Depth <u>5200</u>				19A. Formation <u>San Andres</u>	
21. Elevations (Show whether DE, RT, etc.) <u>3693</u>				20. Rotary or C.T. <u>Rotary</u>	
21A. Kind & Status Plug. Bond <u>Market</u>				22. Approx. Date Work will start <u>7/29/67</u>	
21B. Drilling Contractor <u>Sutton & Norton</u>					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11	8 5/8	23	350	199	surface
7 7/8	5 1/2	9.5	5200	200	5300

We propose to drill to a depth of 5200' and complete in the San Andres Zone.

APPROVAL AND
FOR 90 DAYS USE
DRILLING COMMENCE
EXPIRES 11-1-67

SING.

8 7/8

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 Bernard M. Hanson Title Agent Date 7/29/67

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: