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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG-259	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Humble-State	
2. Name of Operator Paul DeCleva		9. Well No. 1	
3. Address of Operator 102 Oil Center, Wichita Falls, Texas 76302		10. Field and Pool, or Wildcat No. Bagley (Lower Penn)	
4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE south LINE AND 660' FEET FROM THE West LINE OF SEC. 9 TWP. 11-S RGE. 33-E NMPM		12. County Lea	
19. Proposed Depth 10500'		19A. Formation Lower Penn	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4290' Ground	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Tom Brown Drilling Co	
22. Approx. Date Work will start Upon approval			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/4"	13-3/8"	48#	350'	400	Surface
11"	8-5/8"	28# + 32#	3800'	350	2500'
7-7/8"	5-1/2"	17#	10300'	800	5000'

APPROVAL VALID
30 DAYS UNLESS
DRILLING COMMENCED

EXPIRES June 11, 1968

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO RUNNING CASING.

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 H. McCracken Title Engineer Date March 4, 1968

(This space for State Use)

APPROVED BY John W. Runyan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: