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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.	
K-5059	

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. Firm or Lease Name		
2. Name of Operator			9. Well No.		
Delaware-Apache Corporation			2		
3. Address of Operator			10. Field and Pool, or Wildcat		
1720 Wilco Bldg., Midland, Texas 79701			Vada (Penn)		
4. Location of Well			12. County		
UNIT LETTER H LOCATED 660 FEET FROM THE east LINE			Lea		
AND 1830 FEET FROM THE north LINE OF SEC. 16 TWP. 9S RGE. R34E NMPM					
19. Proposed Depth			19A. Formation		20. Rotary or C.T.
10,000'			Bough "C"		Rotary
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx. Date Work will start
4255' GL		Active	Verna Drilling Co.		March 22, 1968

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	11 3/4"	42	450	375	Unknown *
11"	8 5/8"	32 & 24	4,000	550	"
7 7/8"	4 1/2"	11.6	10,000	350	"
	OR 5 1/2"	OR 17.0			

* Circulate

APPROVAL VALID
FOR 30 DAYS UNLESS
DRILLING COMMENCED

DATE 7-8-68

THIS COMMISSION MUST BE PROVIDED
48 HOURS PRIOR TO RUNNING
CANNON

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 Ray H. Rouse Title District Production Foreman Date March 19, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE Superintendent DATE

CONDITIONS OF APPROVAL, IF ANY: