

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

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG-4630	
7. Unit Agreement Name	
8. Farm or Lease Name	
New Mexico "CG" State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Simanola UNITED	
12. County	
Lea	
19. Proposed Depth	19A. Formation
10,100	Bough C (Penn.)
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
To be filed later	Blanket on file
21B. Drilling Contractor	22. Approx. Date Work will start
Unknown	April 18, 1968

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	
HUMBLE OIL & REFINING COMPANY	
3. Address of Operator	
BOX 1600, MIDLAND, TEXAS	
4. Location of Well	
UNIT LETTER G	LOCATED 1780 FEET FROM THE North LINE
AND 1980 FEET FROM THE East	LINE OF SEC. 16 TWP. 10-S RGE. 34-E NMPM
21. Elevations (Show whether DF, RT, etc.)	
To be filed later	
21A. Kind & Status Plug. Bond	
Blanket on file	
21B. Drilling Contractor	
Unknown	
22. Approx. Date Work will start	
April 18, 1968	

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#	375'	300 sks.	circ. to surface
11"	8 5/8	24#	4,100'	450 sks.	*
7 7/8"	5 1/2	17#, 15#, 5# & 14#	10,100'	300 sks.	**

* Circulate to approximately 2500' w/8% Gel cement and 200 sks. of neat on bottom.

** Circulate to approximately 8000' w/12% Gel cement and 200 sks. neat on bottom, or 600' above top of uppermost pay zone.

Minimum mud for samples.

H O W C O method of cementing to be used.

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 Proration Supervisor Date April 2, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: