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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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 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 O. D. McCoy	
2. Name of Operator Southland Royalty Company		9. Well No. 2	
3. Address of Operator 1405 Wilco Bldg., Midland, Texas 79701		10. Field and Pool, or Willcat Underlying (Flying M)	
4. Location of Well UNIT LETTER <u>O</u> LOCATED <u>800'</u> FEET FROM THE <u>south</u> LINE AND <u>2120</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>28</u> TWP. <u>9-S</u> RGE. <u>33-E</u> NMPM		12. County Lea	
19. Proposed Depth 4700		19A. Formation San Andres	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4309.8 G.L.	
21A. Kind & Status Plug. Bond Blanket (current)		21B. Drilling Contractor Unknown	
22. Approx. Date Work will start Upon approval of permit.		23. PROPOSED CASING AND CEMENT PROGRAM	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	325'	250	Circulate
7 7/8"	4 1/2"	9.5#	4700'	350	2500'

24 HOURS PRIOR TO RUNNING CASING 8 5/8

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED

7-19-68

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 Alton C. Goodrich Title Dist. Prod. Supt. Date February 14, 1968

(This space for State Use)

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