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LAND OFFICE	
OPERATOR	

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 Lovington Trust	
2. Name of Operator H. C. HOOD		9. Well No. 1	
3. Address of Operator 522 Bank of the Southwest, Midland, Texas 79701		10. Field and Pool, or Wildcat North Bagley	
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 28 TWP. 11-S RGE. 33-E NMPM		12. County Lea	
19. Proposed Depth 10,200		19A. Formation Strawn	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DE, RT, etc.) 4280' GL (Est.)	
21A. Kind & Status Plug. Bond Intact		21B. Drilling Contractor Tri-Service Drllg. Co.	
22. Approx. Date Work will start May 4, 1968		23.	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48#	300	200	Circ
10 3/4	8 5/8	24#	3750	200	2850
7 7/8	4 1/2	11.6#	10,200	350	8700

APPROVAL PAID
10.00 DAY UNLESS
OPENING COMMENCED.

7-8-68

APPROVAL MUST BE NOTIFIED
DATE TO BE NOTIFIED 13 3/4

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. C. Hood Title Operator Date April 29, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: