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NEW MEXICO OIL CONSERVATION COMMISSION
P.O. BOX 100, C.C.C.

JUL 25 8 35 AM '68

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-363	
7. Unit Agreement Name	
8. Farm or Lease Name State "B"	
9. Well No. 1	
10. Field and Pool, or Wildcat Undes. Simanola Penn	
12. County Lea	
19. Proposed Depth 10,000	19A. Formation Bough C
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Tom Brown Drilg. Co.	
22. Approx. Date Work will start Upon Approval	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK			
1a. Type of Work 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"/>			
2. Name of Operator R. R. Morrison			
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico			
4. Location of Well UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 8 TWP. 10 S RGE. 34 E NMPM			
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	12 3/4	34#	390	375	Circ.
11	8 5/8	24# & 32#	4000	400	2800
7 7/8	4 1/2	11.6#	10,000	400	7000

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES **Oct 23, 1968**

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 Monica Holles Title Agent Date 7/24/68

(This space for State Use)

APPROVED BY John W. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: