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NEW MEXICO OIL CONSERVATION COMMISSION

U.S. O. P. O. C. C.
Aug 20 2 30 PM '68

Form C-101
Revised 1-4-65 Amended

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. OG - 1318
7. Unit Agreement Name
8. Farm or Lease Name Cabot State "C" State
9. Well No. 1
10. Field and Pool, or Wildcat North Bagley Lower Penn
12. County Lea
19. Proposed Depth 10,300
19A. Formation Lower Penn
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4243.7 Gr.
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Moran Drilling Co.
22. Approx. Date Work will start August 15, 1968

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator Meadco Properties, Ltd.	3. Address of Operator 606 Vaughn Building	4. Location of Well UNIT LETTER E LOCATED 556 FEET FROM THE West LINE AND 1874 FEET FROM THE North LINE OF SEC. 14 TWP. 11 RGE. 33 NMPM
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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"	24#	375'	Cir	
11	8 5/8"	24# & 32#	3750	400	2200
7 7/8	4 1/2"	11.6#	10,300	500	8500

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

11-21-68

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO PLUG BACK 12 3/4
CIRKING

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 Charles S. Roach Title Petroleum Engineer Date August 19, 1968

(This space for State Use)

APPROVED BY Leslie N. Clements TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: