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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65, U. C.

AUG 13

5A. Indicate Type of Lease	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	K-2955

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
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"/>		8. Farm or Lease Name Una	
2. Name of Operator Stolts & Company, Inc.		9. Well No. 1	
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		10. Field and Pool, or Wildcat Unders. North Bagley	
4. Location of Well UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 32 TWP. 11 S RGE. 33 E NMPM		12. County Lea	
19. Proposed Depth 10,350		19A. Formation Lower Penn	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4287 GR	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Moran Drilling Company	
22. Approx. Date Work will start 8/14/68			

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	486	300	200	Circ.
11	8 5/8	244	3750	200	2965
7 7/8	4 1/2	11.64	10350	350	8815

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

11-13-68

COMMISSION MUST BE NOTIFIED
44 HOURS PRIOR TO RUNNING 13 3/8
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 *H. L. Smith* Title Agent Date 8/12/68

(This space for State Use)

APPROVED BY *[Signature]* TITLE SUPERVISOR DISTRICT 1 DATE AUG 18 1968

CONDITIONS OF APPROVAL, IF ANY:

