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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

6A. Indicate Type of Lease
STATE ☐     FEE ☒

5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well

DRILL ☒        DEEPEN ☐        PLUG BACK ☐

OIL WELL ☒   GAS WELL ☐   OTHER        SINGLE ZONE ☒   MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name

**Rogers**

2. Name of Operator

**Delaware-Apache Corporation**

9. Well No.

**1**

3. Address of Operator

**1720 Wilco Building**

10. Field and Pool, or Wildcat

**Undesignated**

4. Location of Well    UNIT LETTER **E**    LOCATED **660** FEET FROM THE **West** LINE

AND **1980** FEET FROM THE **north** LINE OF SEC. **6** TWP. **9 south** RGE. **35 east** MPM

12. County

**Lea**

| 19. Proposed Depth | 19A. Formation | 20. Rotary or C.T. |
|---|---|---|
| 9850 | Bough "C" | Rotary |

21. Elevations (Show whether DF, RT, etc.)

**4211.3**

21A. Kind & Status Plug. Bond

**Statewide (Active)**

21B. Drilling Contractor

**Unknown**

22. Approx. Date Work will start

**November 25, 1968**

23.

## PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|---|---|---|---|---|---|
| 15 | 11-3/4 | 42# | 375 | 375 | Surface |
| 11 | 8-5/8 | 24 & 32# | 4050 | 400 | 2000' |
| 7-7/8 | 5-1/2 | 17# | 9850 | 400 | 8000' |

Alternate Production String

| 7-7/8 | 4-1/2 | 11.6 | 9850 | 400 | 8000' |

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO RUNNING 11 3/4 CASING

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED
EXPIRES 2-21-69

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 _____    Title **Area Engineer**    Date **November 18, 1968**

(This space for State Use)

APPROVED BY _____    TITLE _____    DATE _____

CONDITIONS OF APPROVAL, IF ANY: