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# 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 DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well 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 <b>Santa Fe</b>
2. Name of Operator <b>Coastal States Gas Producing Company</b>		9. Well No. <b>2</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>		10. Field and Pool, or Wildcat <b>UNDESIGNATED</b>
4. Location of Well UNIT LETTER <b>G</b> LOCATED <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE OF SEC. <b>33</b> TWP. <b>9 S</b> RGE. <b>37 E</b> N.M.M.		11. County <b>Lea</b>
19. Proposed Depth <b>5200</b>		19A. Formation <b>San Andres</b>
20. Rotary or C.T. <b>Rotary</b>		21. Elevations (Show whether DF, RT, etc.) <b>Blanket</b>
21A. Kind & Status Plug. Bond <b>Blanket</b>		21B. Drilling Contractor <b>Not Let</b>
22. Approx. Date Work will start <b>2/10/69</b>		

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<b>12 1/4</b>	<b>8 5/8</b>	<b>24#</b>	<b>400</b>	<b>400</b>	<b>Circ.</b>
<b>7 7/8</b>	<b>4 1/2</b>	<b>10.5#</b>	<b>5200</b>	<b>250</b>	

8 5/8

APPROVAL  
FOR 90 DAYS  
DURING WHICH  
5-10-69

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 Donna Haller Title Agent Date 2/7/69

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE 0 5 69

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section

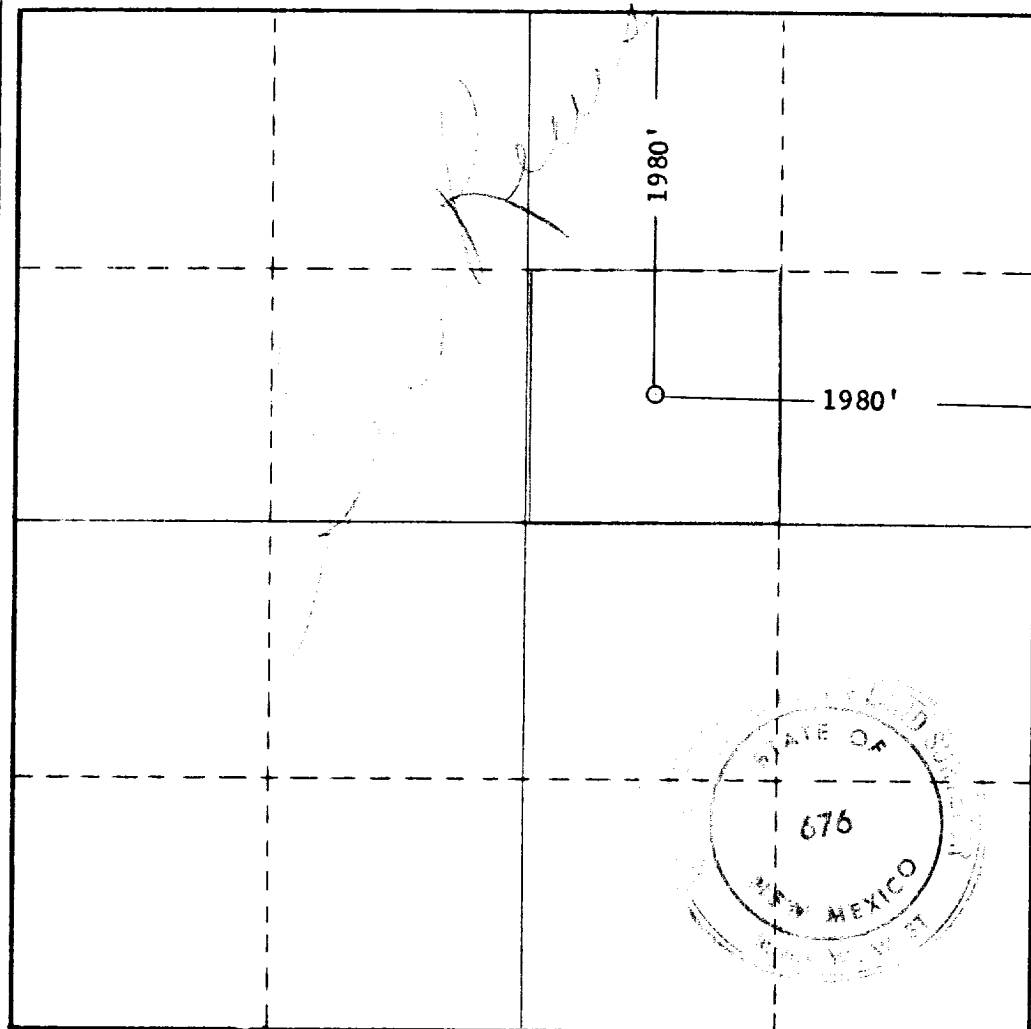
Operator <b>COASTAL STATES GAS PRODUCING CO.</b>			Lease <b>SANTA FE</b>			Well No. <b>2</b>
Unit Letter <b>G</b>	Section <b>33</b>	Township <b>9 SOUTH</b>	Range <b>37 EAST</b>	County <b>LEA</b>		
Actual Footage Location of Well: <b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line						
Ground Level Elev.	Producing Formation <b>San Andres</b>		Pool <b>INDesignated</b>	Dedicated Acreage: <b>40</b> Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name  
*Wonna Holles*  
Position  
**Agent**  
Company  
**Coastal States Gas Prod. Co.**  
Date  
**2/7/69**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**2-7-1969**  
Registered Professional Engineer and/or Land Surveyor  
*John W. West*  
Certificate No.  
**676**

