•	~.					
	 1				2.	11 41
NO. OF COPIES RECEIVED					34	1
DISTRIBUTION	NEW NEW	MEXICO OIL CONSER	RVATION COMMISSI	ЮИ	Form C-101 Revised 1-1-6	.5
SANTA FE	 					Type of Lease
FILE					STATE	
U.S.G.S.						& Gas Lease No.
LAND OFFICE					OG 520	1
OPERATOR					77777	ammini di sancara di s
1001164710	V FOR DEDUIT TO	DOUL DEEDEN (OD DI LIC BACK			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK [1a, Type of Work]						ement Name
1a. Type of work					None	
b. Type of Well DRILL X		DEEPEN	PLU	G B ACK	8. Farm or L	ease Name
		!	SINGLE X	ZONE		air-State
OIL X GAS WELL 2. Name of Operator	OTHER		ZONE A	ZONE	9. Well No.	arr-beace
					1	
ROGER C. HANKS 3. Address of Operator					.l 	d Pool, or Wildcat
1112 Oil & Gas	Building Wi	chita Falls.	Texas 763	:01	1 '	ignated
4 7					111111	viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
4. Location of well	in D Loc	ATED 660 FE	EET FROM THE NOT	LINE	1111111	
AND 660 FEET FROM	THE West LINI	E OF SEC. 12 TV	NP. 98 RGE. 3	2E NMPM	111111	
AND 660 FEET FROM	THE TOUR LINE		iiinniiii	iiiniii	12. County	
					Lea	
	HHHHH	/////////////////////////////////////	/////////////////////////////////////	///////	riiirk	HHHHHH
	/////////////////////////////////////	/////////////////////////////////////	9. Proposed Depth	19A. Formatio	on .	20. Rotary or C.T.
			9500¹	Bough	"C"	Rotary
21. Elevations (Show whether DF,	RT. etc.) 21 A. Kind	& Status Plug. Bond 2	1B. Drilling Contracto			. Date Work will start
			rd Drilling		v Marc	h 3, 1969
23.						<u></u>
20.	Р	ROPOSED CASING AND	CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPT	TH SACKS O	F CEMENT	EST. TOP
15 "	13 3/8"	24#	300: Cir			Surface
11 "	8 5/8"	24# - 32#	3700	40		25001
7 7/8"	5 1/2"	15.5#-17#	95001	50		70001
1 1/8	3 1/2	13.311-11	1		_	
Operator plans by either DST of 5 1/2" product: and acidized for will be done as	or log analys ion string wi or production	is. If comm 11 be run an 1 tests. If	mercial rese nd cemented, dry hole is	ervoir i select sindica	s indic ively p ted, pl	ated, erforated ugging
	PAMAISSION MUI BRE PRIOR TO F		<u> </u>	expires :	6-3	-69
1,70 20	TER PROGRAM, IF ANT.					
I heroby certify that the informati	on above is true and comp	plete to the best of my kr	nowledge and belief.			
Signed Joya C. Hailes	1 Xou Mas	Craw Oper	rator		DateFebr	uary 28, 1969
(This space for	State Use)				A P	g a Bás
APPROVED BY	XXXXXXX	TITLE		· j i	DATE	11 2 15 2 2 2

That TITLE THERVISON