

20-025-2277

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K2653	
7. Unit Agreement Name	
8. Farm or Lease Name	
Fina State	
9. Well No:	
1	
10. Field and Pool, or Wildcat	
UNDESIGNATED	
12. County	
Lea	
19. Proposed Depth	19A. Formation
10,300	Penn
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
4240 GL	Blankdt
21B. Drilling Contractor	
Moran Oil	
22. Approx. Date Work will start	
7-21-69	

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"/>	
b. Type of Well	
OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>
OTHER <input type="checkbox"/>	
2. Name of Operator	
John L. Cox	
3. Address of Operator	
305 V & J Tower, Midland, Texas	
4. Location of Well	
UNIT LETTER <u>M</u>	LOCATED <u>554</u> FEET FROM THE <u>South</u> LINE
AND <u>554</u>	FEET FROM THE <u>West</u> LINE OF SEC. <u>2</u> TWP. <u>11S</u> RGE. <u>33E</u> NMPM
23.	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	12 3/4	45	350	350	Circ
11	8 5/8	32 & 24	3750	200	2000
7 7/8	5 1/2	15.5 & 17	10,300	400	7000

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO RUNNING 12 3/4  
CASING.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
(DRILLING COMMENCED)

EXPIRES 10-18-69

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 [Signature] Title Agent Date 7-17-69

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JUL 18 1969

CONDITIONS OF APPROVAL, IF ANY: