| NO. OF COPIES RECEIVED                                |  |  |                           |                                       |  | -<br>-                    |
|---|--|--|---------------------------|---------------------------------------|--|---------------------------|
| DISTRIBUTION  | NEW  | MEXICO OIL CONSER                      | VATION COMMI              | SSION                                 | Form C-101<br>Revised 1-1-6              | 3 1/1/2/11                |
| SANTA FE<br>FILE                                      | <del>                                     </del> |  | •                         | · ·                                   |  | Type of Lease             |
| U.S.G.S.  | <del></del>                                      |  |                           |                                       | STATE                                    | X FEE                     |
| LAND OFFICE   |  |  |                           |                                       | .5. State Oil                            | & Gas Lease No.           |
| OPERATOR  |  |  |                           |                                       |  | *************             |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK |  |  |                           |                                       |  |                           |
| APPLICATION APPLICATION                               | N FOR PERMIT TO                                  | DRILL, DEEPEN, O                       | R PLUG BACI               | <u>K</u>                              | 7. Unit Agre                             | eement Name               |
|   |  | 🗂                                      | _                         |                                       |  |                           |
| b. Type of Well                                       |  | DEEPEN                                 | Р                         | LUG BACK                              | 8. Farm or L.                            | ,ease Name                |
| OIL CAS WELL  | OTHER  | s                                      | ZONE                      | MULTIPLE ZONE                         | 5'AWYER                                  | 2 STATE                   |
| 2. Name of Operator                                   |  |  |                           |                                       | 9. Well No.                              |                           |
| TEUNECO OIL  3. Address of Operator                   | Compady  |  |                           |                                       |  | ad Pool, or Wildcat       |
|   |  |  |                           | HGNATED                               | · •                                      |                           |
|   | WIDTHYD.   |  |                           | · · · · · · · · · · · · · · · · · · · | 1777777                                  | (, to to 54)              |
| UNIT LETTE  | R LOC  | ATED 600 FE                            | ET FROM THE NO            | (2714 LINE                            |  |                           |
| AND CO BD FEET FROM                                   | THE WEST LIN                                     | E OF SEC. 16 TW                        | P. 9-5 RGE                | . 36-E NMPM                           | M/M                                      |                           |
|   | mminim   |  |                           |                                       | 12. County                               |                           |
|   |  |  |                           |                                       | LEA                                      | (HHHHH)                   |
|   |  |  |                           |                                       |  |                           |
|   |  |  | ). Proposed Depth         | 19A. Formation                        | on (111111111111111111111111111111111111 | 20. Rotary or C.T.        |
|   |  | ////////////////////////////////////// | 1950±                     |                                       |  | ROTARY                    |
| 21. Elevations (Show whether DF,                      | RT, etc.) 21A. Kind                              | & Status Plug. Bond 21                 |                           | actor                                 | 22. Approx                               | . Date Work will start    |
| 4065 61   | IN EFF   | ECT 1                                  | KUAY DIZI                 | C. CO. (7)                            | ( COON)                                  | appreval.                 |
| 23.   |  | ROPOSED CASING AND                     | CEMENT PROGR              | AM                                    |  |                           |
| SIZE OF HOLE  | SIZE OF CASING                                   | WEIGHT PER FOOT                        | SETTING DE                | BTH SACKS O                           | F CEMENT                                 | EST. TOP                  |
| 1475  | 133/2  | 48                                     | 350                       | CIRC                                  |  | 231. 101                  |
| 17.4  | 2 <sup>5</sup> / <del>2</del> .                  | 32 € 24                                | 4250                      |                                       | 70P 70                                   | 2500,                     |
| 776   | 51/2   | 17                                     | 7.0.                      | BRINE                                 | cint to                                  | P BACK 100 ABL            |
|   |  |  | •                         | . Naud                                | SCD (WOL                                 | ECAMP                     |
| Drill 17%" House                                      | ( 9:43   | 123/ CASING                            | AND CIRCU                 | LUATS COLLA                           | NT mark                                  |                           |
| Drill 17% Hou   | to 350. KLEN                                     | 1 19.6 0.00.0                          | 0.,22                     | -wite Came                            | ni, pres                                 | sure test                 |
| CASING TO GOO PSI                                     | F/30 MIN. AFTE                                   | ER 24 14RS. WC                         | c, bence i                | ot 50041"1.                           | 4250'. R                                 | my 8 g, chrine            |
| and whine top o                                       |  | 15 TO 0010 PV                          | iessure te                | ST CHSING                             | TO 1000                                  | ASI F/30 MIN.             |
| and white tea c                                       | f cement 154c                                    | ik, to dece in                         | 1.                        | -V146                                 |  |                           |
| AFTER 24 HRS.   | WOC. DZILL 7                                     | to How to                              | 1950 I. Ru                | in sta cas                            | 196 ABK                                  | । विद्याप्ति              |
| CEMERT BACK   | TO 8800'. TES                                    | T CHSING TO                            | 1000 PSI 4                | after 24                              | HRS. W                                   | ٥٤.                       |
|   |  |  |                           | g + 1, 4, 4,                          | pro established                          |                           |
|   |  | 137/8"                                 |                           |                                       | •  | $ \phi_3 $                |
|   |  | 2 harman and a second                  |                           |                                       |  |                           |
| •   |  |  |                           |                                       | ~11~                                     | ~n                        |
|   | 1  |  |                           | ٠                                     | ][19][                                   | 70                        |
| IN ABOVE SPACE DESCRIBE PR                            | OPOSED PROGRAM: IF                               | PROPOSAL IS TO DEEPEN OR               | PLUG BACK, GIVE           | DATA ON PRESENT P                     | RODUCTIVE ZON                            | E AND PROPOSED NEW PRODUC |
| I hereby certify that the information                 | on above is true and comp                        | olete to the best of my kn             | owledge and belie         | ef.                                   |  |                           |
| Signed  | Vitico   | Tule <u> </u>                          | DUG E                     | NGZ.                                  | Date 2-1                                 | 16-70                     |
| (This space for                                       | State Use)                                       |  |                           |                                       |  | 0 :                       |
| $\mathcal{L}_{\mathfrak{d}}$                          | 0/1/1 1  | MILC                                   | as inspected              |                                       | FE                                       | B 1 8 1970                |
| APPROVED BY Slaly                                     | V. ( Cembrely                                    | TITLE MI W                             | THE STATE OF THE STATE OF |                                       | DATE                                     |                           |
| CONDITIONS OF APPROVAL, IF                            | ANY:   |  |                           |                                       | -  | •                         |