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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		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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 Hamm COM	
2. Name of Operator The Superior Oil Company		9. Well No. 1	
3. Address of Operator P. O. Box 1900, Midland, Texas 79701		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 510 FEET FROM THE East LINE OF SEC. 13 TWP. 9-S RGE. 34-E NMPM		12. County Lea	
19. Proposed Depth 9,900		19A. Formation Bough "C"	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) Est. GL: 4197'	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Unknown at Present	
22. Approx. Date Work will start April 17, 1970			

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#	400'	400	Circulate
11"	8-5/8"	32#	4,200'	605	1,700'
7-7/8"	5-1/2"	17#	9,900'	250	8,600'

The above well will be drilled in accordance with the program listed above, except that 5-1/2" productive casing will be run only if Bough "C" zone is determined to be commercial from drill stem tests and open hole electric logs. The Hamm COM #1 well will be drilled in accordance with safe drilling practices known to industry utilizing blowout preventer and Hydril equipment for proper well control.

7-16-70

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.

Signature T. D. Clay Title Production Engineer Date April 10, 1970

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: