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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 *3 12 1974*

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input 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 <i>"M"</i>	
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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Flying "M" SA Tr. 14	
2. Name of Operator Coastal States Gas Producing Company		9. Well No. 5	
3. Address of Operator P. O. Box 235, Midland, Texas 79701		10. Field and Pool, or Wildcat Flying "M" San Andres	
4. Location of Well UNIT LETTER <u>0</u> LOCATED <u>1991</u> FEET FROM THE <u>east</u> LINE AND <u>660'</u> FEET FROM THE <u>south</u> LINE OF SEC. <u>20</u> TWP. <u>9-S</u> RGE. <u>33-E</u> NMPM		12. County Lea	
19. Proposed Depth 4600'		19A. Formation San Andres	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4372.8 GR	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Cactus Co.	
22. Approx. Date Work will start upon approval			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	350'	235	surface
7-7/8"	5-1/2"	15.5#	4600'	175	3600'

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES *Sept. 11, 1974*

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 *Dick Minter* Title District Engineer Date 6-7-74

(This space for State Use)

APPROVED BY *John W. Runyan* TITLE Geologist DATE *10/1/74*
CONDITION OF APPROVAL, IF ANY: