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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 2 1 1 1 1 1

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	
DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		EXCHANGE OIL & GAS "A"	
b. Type of Well		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		EXCHANGE OIL & GAS "A"	
2. Name of Operator		9. Well No.	
PIERCE & DEHLINGER		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
815 Petroleum Building		VADA PENN	
4. Location of Well		12. County	
UNIT LETTER <u>H</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>24</u> TWP. <u>9-S</u> RGE. <u>33-E</u> NMPM		LEA	
19. Proposed Depth		19A. Formation	
9800'		Bough C	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
4313' GL		February 1, 1975	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
Blanket, Active		MGF	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
16"	13 3/8"	48#	350'	450 sx.	circulated
11"	8 5/8"	24 & 32#	4000'	450 sx.	2000'
6 3/4"	5 1/2"	17#	T.D.	350 sx.	8500'

BLOWOUT PREVENTER PROGRAM:

DOUBLE HYDRAULIC SCHAFER TYPE 39 400' to T.D.

APPROVAL VALID
FOR 30 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 4/20/75

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 PARTNER Date 1-17-75
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: