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NEW MEXICO OIL CONSERVATION COMMISSION

Oct | 3 03 PM '65

CORRECTED REPORT

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☒   FEE ☐

5. State Oil & Gas Lease No.
OG - 172

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☒   DEEPEN ☐   PLUG BACK ☐

b. Type of Well

OIL WELL ☒   GAS WELL ☐   OTHER   SINGLE ZONE ☐   MULTIPLE ZONE ☐

2. Name of Operator
Skelly Oil Company

3. Address of Operator
Box 730 - Hobbs, New Mexico

4. Location of Well UNIT LETTER __K__ LOCATED __1980__ FEET FROM THE __South__ LINE

AND __1980__ FEET FROM THE __West__ LINE OF SEC. __35__ TWP. __7-S__ RGE. __35E__ NMPM

7. Unit Agreement Name
-

8. Farm or Lease Name
Hobbs "V"

9. Well No.
1

10. Field and Pool, or Wildcat
Todd Gas Pool

12. County
Roosevelt

19. Proposed Depth	**19A. Formation**	**20. Rotary or C.T.**
4500	San Andres	Rotary

21. Elevations *(Show whether DF, RT, etc.)*
Unknown

21A. Kind & Status Plug, Bond
Blanket Bond No. 1253668 w/Fed ins. comp ($100000)

21B. Drilling Contractor
Cactus Drilling Corp

22. Approx. Date Work will start
10/1/65

23. 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#	375	250	surface
7-7/8"	4-1/2	10.5#	4500	350	3750

The pump & plug process will be used in cementing both strings of casing and cement will be circulated on the 8-5/8" OD surface casing. The 4-1/2" OD casing will be perforated and the San Andress zone treated with approx. 2000 gal reg acid, 30000 gal of oil and 30000# 20/40 sand.

CORRECTED REPORT

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 **(ORIGINAL SIGNED) H. E. Amb**   Title **District Superintendent**   Date **9/30/65**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: