

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O.C.C.

MAR 21 2 33 PM '66

HOBBS OFFICE O.C.C.
MAR 18 12 55 PM
Revised 1-65

5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1369

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well 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"/>		7. Unit Agreement Name 8. Farm or Lease Name Hobbs "T" - T.B. No. 2	
2. Name of Operator Skelly Oil Company		9. Well No. 16	
3. Address of Operator Box 730 - Hobbs, New Mexico		10. Field and Pool, or Wildcat Chaveroo San Andres	
4. Location of Well UNIT LETTER "C" LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 35 TWP. 7-S RGE. 33-E NMPM		12. County Reeves	
21. Elevations (Show whether DF, RT, etc.) Unknown		22. Approx. Date Work will start Immediately	
21A. Kind & Status Plug. Bond Blanket Bond No. 1253488 for \$100,000.00 w/ Federal Insurance Co.		21B. Drilling Contractor Cactus Drilling Corp.	
19. Proposed Depth 4500'		19A. Formation San Andres	
20. Rotary or C.T. Rotary			

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'	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 the cement will be circulated to the surface on the 8-5/8" OD surface casing. The 4-1/2" OD casing will be perforated and the San Andres Zone treated with approx. 2000 gals. Reg. Acid, 30,000 gals. of oil and 30,000# 20/40 sand.

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. Aab** Title **Dist. Superintendent** Date **March 18, 1966**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: