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HOBBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 9 7 27 AM '66

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-2672	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
		None	
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	
		State K	
2. Name of Operator		9. Well No.	
Southern Petroleum Exploration, Inc.		2	
3. Address of Operator		10. Field and Pool, or Wildcat	
Box 1434, Roswell, New Mexico		Undesignated	
4. Location of Well UNIT LETTER E LOCATED 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 36 TWP. 7-S RGE. 33-E NMPM		12. County	
		Roosevelt	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
4500		San Andres	Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
	Blanket-good standing	Moran Oil Producing & Drilling Corporation	May 17, 1966

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'	200	Surface
7-7/8"	4-1/2"	10.50#	4500'	350	3300'

Plan to drill thru pay section, run Gamma Ray-Sonic Log total depth to surface casing - Laterolog and Microlaterolog thru pay section. Set pipe, selectively perforate and break down formation with 2000 gals. acid and if necessary frac with 25,000 gals. lease oil and 25,000 lbs. sand.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES **8-8-66**

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 **B.C. Hicks** Title **District Land Manager** Date **5-7-66**
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: