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SANTA FE				Revised 1-1-65		
FILE	Jul 28 In 43 AN 266			5A. Indicate 1		
U.S.G.S.				STATE X	FEE	
LAND OFFICE				5. State Oil &	Gas Lease No.	
OPERATOR				0G-929		
				<u>IIIIIII</u>		
APPLICATION FO	R PERMIT TO DRILL, DEEPEN	, OR PLUG BACK				
la. Type of Work				7. Unit Agreen	nent Name	
		DI I			-	
b. Type of Well		f 6.6		8. Farm or Leo	ise Name	
OIL X GAS WELL	OTHER	SINGLE X		State Se	ction 36	
2. Name of Operator				9. Well No.	· · · · · · · · · · · · · · · · · · ·	
Marathor			1.			
3. Address of Operator	3. Address of Operator				10. Field and Pool, or Wildcat	
P. O. Box 220, Hobbs, New Mexico					Undesignated	
4. Location of Well UNIT LETTERE	B LOCATED 660	FEET FROM THE NO	rth Line		<u> </u>	
			Line			
AND 2310 FEET FROM THE	East LINE OF SEC. 36	TWP. 7 S RGE. 3	ЗЕ имри			
				12. County		
***************************************				Roosevel	t (/////////	
		19. Proposed Depth	19A. Formation	2	0. Rotary or C.T.	
		4500' San Andr		es	Rotary	
21. Elevations (Show whether DF, RT, et				22. Approx. Date Work will start		
Unknown	Unknown Current Cactus Drilling Corp.		ing Corp.	7-19-66		
23. PROPOSED CASING AND CEMENT PROGRAM						

 SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP	
12-1/4"	8-5/8"	23	3501	250	Surface	-
7-7/8"	4-1/2"	9.5	L5001	350	3/1001	-
·						-
	1	l		l i	ł	

We propose to drill this well to an approximate depth of 4500' and APPROVAL VANDESS APPROVAL VANDESS FOR 90 DAYS UNIESS IDRULING EXPIRES N OR PLUE BACK, GIVE DAT complete in the San Andres zone. Casing will be set and cemented in accordance with approved methods.

Contraction of the second

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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 Construction and the day and comp	TuleArea_Supt.	Date 7-19-66
(This space for State Use)		
		•
APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: