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LAND OFFICE	
OPERATOR	

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

Dec 14 11 38 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 3933	
7. Unit Agreement Name	
8. Farm or Lease Name Chaveroo B State	
9. Well No. 2	
10. Field and Pool, or Wildcat Chaveroo San Andres	
12. County Roosevelt	
19. Proposed Depth 4400	19A. Formation San Andres
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4446 GL	21A. Kind & Status Plug. Bond Blanket - on file
21B. Drilling Contractor Verna	
22. Approx. Date Work will start immediately	

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"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator McGrath & Smith, Inc.	
3. Address of Operator 726 Vaughn Bldg., Midland, Texas 79701	
4. Location of Well UNIT LETTER <u>I</u> LOCATED <u>1980'</u> FEET FROM THE <u>south</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>31</u> TWP. <u>7-S</u> RGE. <u>33-E</u> NMPM	
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	20	350	150	Circulated
7-7/8	4-1/2	9.5	4350	100	3300'

Blowout preventer will be installed and in operation from surface to total depth.

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 J.B. Taylor Title Engineer Date 12-13-66

(This space for State Use)

APPROVED BY Joel R. Ramey TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: