NO. OF COPIES RECEIVED	NEW NEXICO OLI CONS		NN T	Form C-101		
				Revised 1-1-65		
SANTA FE			Г	5A. Indicate Type of Lease		
FILE						
U.S.G.S.			ŀ	5. State Oil & Gas Lease No.		
LAND OFFICE			-	K = 3724		
OPERATOR			Ļ			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						
la. Type of Work				7. Unit Agreement Name		
Bau R Re-ent	try DEEPEN	PI LIC	васк			
b. Type of Well		r Luc		8, Farm or Lease Name		
OIL X GAS WELL OTH	ÉR	ZONE X=	ZONE	Cabot-State		
2. Name of Operator				9. Well No:		
Roger C. Hanks				1		
3. Address of Operator				10. Field and Pool, or Wildcat		
2100 Wilco Building, N	Midland, Texas 79	701		Vada Pennsylvanian		
	LOCATED 1980		ļ			
AND 1980 FEET FROM THE SOL	1th LINF OF SC. 32	TWP. 85 RGE.	36ENMPM	mmmHHHHH		
				12. County Roosevelt		
		19, Proposed Depth	19A. Formation			
XIIIIIIIIIIIIIIIIIIIX		9849	Bough "	'C" Rotary		
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx. Date Work will start		
4105.9' GR		Sharp Drilling Co. August 1, 1971				

PROPOSED CASING AND CEMENT PROGRAM

23.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
Casing and Ceme	ht Program al	ready on fil			
oubling und obmo			······································		

Operator plans to re-enter to washover to a sufficient depth to assure casing is not collapsed. (Believed to be collapsed at 7199'.) If ;successful in washover attempt, will reperforate same zone through old casing. If washover is not successful, will run cement plug and redrill from somewhere around 500' below intermediate casing. Old casing will be cut off and damaged casing will be replaced with new casing attached with a casing bowl, which will be low pressure squeeze cemented. New casing will be set and cemented at approximately 9899'. Well will then be perforated through new casing. Deviation surveys will be run.

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. DIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify the information above is true and complete to the	e best of my knowledge and	i belief.				
Signed the Manual Tille C	C. Nanksf			_ Date7_9_71		
(This space for State Use)	SUPERIOR		DATE	2	°	19 71
APPROVED BY						