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NEW MEXICO OIL CONSERVATION COMMISSION

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.	
*	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
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 HSG	
2. Name of Operator Taylor Pruitt		9. Well No. 2	
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		10. Field and Pool, or Wildcat Undes. Chaveroo-SA	
4. Location of Well UNIT LETTER <u>I</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>26</u> TWP. <u>7 S</u> RGE. <u>32 E</u> NMPM		12. County Roosevelt	
19. Proposed Depth 4400		19A. Formation San Andres	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4418.1 GL 4419.6	
21A. Kind & Status Plug, Bond Blanket		21B. Drilling Contractor Verna Drilling Co	
22. Approx. Date Work will start 11/22/67			

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#	325	Circ.	
7 7/8	5 1/2	14#	4400	250	3000

*To be furnished later.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO RUNNING 8 5/4
CASING.

1-23-68

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 H. L. Smith Title Agent Date 10/20/67

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE OCT 23 1967

CONDITIONS OF APPROVAL, IF ANY: