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LAND OFFICE	
OPERATOR	

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. E-8251
7. Unit Agreement Name
8. Farm or Lease Name McAlester State "B"
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Chaves
19. Proposed Depth 9250
19A. Formation Perm.
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4380.9 gr.
21A. Kind & Status Plug. Bond Unknown
21B. Drilling Contractor
22. Approx. Date Work will start 1-29-65

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	DRILL <input type="checkbox"/>	DEEPEN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
b. Type of Well	OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
2. Name <input checked="" type="checkbox"/> Operator	SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		
3. Address of Calnet Corporation			
4. Location of Well P. O. Box 4395, Midland, Texas			
UNIT LETTER L LOCATED 2130 FEET FROM THE South LINE			
AND 660 FEET FROM THE West LINE OF SEC. 28 TWP. 8-S RGE. 13-E NMPM			
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
4380.9 gr.	Unknown	Unknown	1-29-65

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/4"	13-3/8"	48#	350	350	Circulate
11"	8-5/8"	32# & 24#	3,700	350	2000'
7-7/8"	4-1/2"	9.50# & 11.60#	9,250	200	8600'

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 Percy C. Ogden Title Dist. Prod. Sup't. Date 1-21-65
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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