

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-101  
Revised 1-1-65

APR 13 1 11 PM '66

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-9089	
7. Unit Agreement Name	
8. Farm or Lease Name New Mexico BW State	
9. Well No. 4	
10. Field and Pool, or Wildcat undesignated	
12. County Chaves	
19. Proposed Depth 5,000	19A. Formation San Andres
20. Rotary or C.T. -	
21. Elevations (Show whether DF, RT, etc.) To be filed later	22. Approx. Date Work will start immediately

1a. Type of Work Re-Entry	
b. Type of Well DRILL <input 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"/>	
2. Name of Operator Humble Oil & Refining Company	
3. Address of Operator Box 1600, Midland, Texas	
4. Location of Well UNIT LETTER J LOCATED 1988 FEET FROM THE south LINE AND 1997 FEET FROM THE east LINE OF SEC. 16 TWP. 8-S RGE. 33-E NMPM	
21. Kind & Status Plug. Bond Blanket on file	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	10-3/4	32.75	391	375	Circulated
9-7/8	7-5/8	24	3612	500	1800'-TempSur

6-3/4 4 1/2" Proposed Casing and Cement Program  
HOWCO method of cmtg to be used. 9.5 5000 150 3600 feet

1. Drill cement plugs and clean out hole to approximately 5,000 feet.
2. Run Evaluation Logs in open hole.
3. If favorable, set 4 1/2" casing through pay.
4. Test for production.

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 [Signature] Title Actg. Dist. Admn. Supervisor Date 4-12-66

(This space for State Use)  
APPROVED BY [Signature] TITLE DATE  
CONDITIONS OF APPROVAL, IF ANY: