		7					
NO. OF COPIES RECEIV			L CONSERVATION COM	MISSION		n C-101	
DISTRIBUTION						rised 1-1-65	
SANTA FE			Aug 30	7		Indicate Ty	FEE
FILE				21 H	m 65 L	STATE	
U.S.G.S.				•	-5.	State Oil & C	Gas Lease No.
LAND OFFICE						2030	mmmm.
OPERATOR		_				///////	
		FOR PERMIT TO DRILL, D	FEPEN, OR PLUG B	ACK			
	LICATION F	OR PERMIT TO DRIEE, D			7.	Unit Agreem	ent Nome
la. Type of Work		r	- 1				
		DEEPEN [PLUG		Farm or Lea	
b. Type of Well			SINGLE	MULT		Davis-	State
	WELL	OTHER	ZONE L_J		9.	Well No.	
2. Name of Operator						1	
GREAT	WESTERN	DRILLING COMPANY			1	0. Field and	Pool, or Wildcat
3 Address of Operato	x				-	Wildo	at
P. 0.	Box 165	9, Midland, Texas		West	LINE	111111	
4. Location of Well	UNIT LETTER	C LOCATED	980 FEET FROM THE		N		
		North	36 TWP. 8-S	32 RGE.	2-E NMPM	111111	<i>₩₩₩₩₩</i>
AND 660	FEET FROM TH	E NOTLA LINE OF SEC.	1111111111111	IIIII	, WIIII	2. County	
				//////		Chaves	<i></i>
	///////		жиннин	m	<u>IIIIIII</u>		
	(IIIII)			11111		///////	
			19. Proposed D	epth	19A. Formation		20. Rotary or C.T. Rotary
<i>MIMMM</i>			9100		Bough "		
		T. etc.) 21A. Kind & Status P	lug, Bond 21B. Drilling C	Contractor		22. Approx.	Date Work will start
21. Elevations (Show	whether DF, R	(T, etc.) 21A. Kind & Status P. Nation Wide	Loffland	Broth	ers	Sept.	1, 1965
See C-102		Naciva Hier					
23. PROPOSED CASING AND CEMENT PROGRAM							
			THE FOOT SETTING		H SACKS OF	CEMENT	EST. TOP

• •

SIZE OF HOLE		WEIGHT PER FOOT	25 0	250	Surface
15	10-3/4	32.65	3650	500	1500
9-7/8	7-5/8	11.6	9100	200	
6-1/2	4-5/8	11.0			,

The Davis State No. 1 will be drilled by rotary using mud to test the Bough "C" at about 9100'. All zones with oil or gas shows will be properly evaluated. Should a commercial well be indicated, 4-1/2" casing will be cemented and the well tested. Form C-102 will be furnished by West Engineering Co.

LAVIRES LUCIONALITICED

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, 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.

I hereby certify that the information	a above 18 true and com		a secondinator	D-to A	August 26, 1965	
Signed		_ Title	Administrative Coordinator	Date		
(This space for S	state User					
		TITLE_		DATE_	2 21 - 1	
APPROVED BY CONDITIONS OF APPROVAL, IF	ANT					