NO. OF COPIES REC	EIVED							
DISTRIBUTI	ON	NEW	MEXICO OIL CONSER	AND BER OCHANGES		orm C-101 evised 1-1-65		
SANTA FE							Type of Lease	
FILE				ine (38	27 (11)	STATE 🕅		
U.S.G.S.			ŧ1					
LAND OFFICE							Gas Lease No.	
OPERATOR						OG 1		
						///////		
AP	PLICATION	FOR PERMIT TO	DRILL, DEEPEN, O	R PLUG BACK	N			
1a. Type of Work		·]	7. Unit Agreen	nent Name	
	20			DI LI	G ВАСК 🗍 🖡			
b. Type of Well	DRILL X		DEEPEN	FLU		8. Farm or Lee		
	GAS		illing ^s	INGLE X	ZONE	Sta	te "BF"	
2. Name of Operator			······			9. Well No.		
The A	tlantic	Refining Co	mpany			1		
3. Address of Opera							Pool, or Wildcat	
P. O. Box 1978, Koswell, New Mexico						Chaveroo-San Andres		
4. Location of Well	20/1 20	<u>, , , , , , , , , , , , , , , , , , , </u>	CATED FE	TERON THE NOT	thLINE	IIIII		
	UNIT LETTE		CATED PC			///////		
AND 660	FFFT FROM	THE East LI	NF OF SEC. 3 TW	P. 8-S RGE. 3	3-E NMPM			
AND DOU		inninnin in the second s				12. County		
	///////				////////	Chaves		
<i>HHHHH</i>	HHHHH	*********	HIIIIIII AMAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	tititititi t	<u>IIIIIII</u>	<u>IIIII</u>		
	++++++++		ei Y////////////////////////////////////	. Proposed Depth	19A. Formation		20. Rotary or C.T.	
				4600	San And	res	Rotary	
21. Elevations (Sho	w whether DF	RT. etc.) 21A. King	i & Status Plug. Bond 21	B. Drilling Contracto	or		Date Work will start	
			#8 Gen. Cas.			March	20, 1966	
23.		<u> </u>	of America PROPOSED CASING AND	CEMENT PROGRAM	1			
SIZE OF			WEIGHT PER FOOT	SETTING DEP	TH SACKS OF	CEMENT	EST. TOP	
	HULE I	SIZE OF CASING						

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	
	8-5/8	24#	375	Circulate	<u>Circulate</u>
<u> </u>	/0	0 54	n	250 sx	3700
7-7/8	4-1/4	У. 3#			
		1	1		

We propose to test the producing capabilities of the San Andres at the above location. Hydraulic BOP's will be used on all casing strings.

C/11/1

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.

Signed C.L. S. 2. C. Her	Tüle Dist.	Drilling	Supervisor	Date	3-10-66	
(This space for State Use)						
1						
APPROVED BY	ाज्य म			DATE		<u> </u>

CONDITIONS OF APPROVAL, IF ANY: