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NEW MEXICO OIL CONSERVATION COMMISSION E. O. C. Form C-101
Revised 1-1-65

MAY 27 10 42 AM '66

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.
K-2779

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name State "6"
2. Name of Operator Champlin Petroleum Company		9. Well No. 3
3. Address of Operator P. O. Box 1797, Midland, Texas		10. Field and Pool, or Wildcat Undesignated
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 6 TWP. 8-S RGE. 33-E NMPM		12. County Chaves
19. Proposed Depth 4500'		19A. Formation San Andres
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) Unknown at this time.	21A. Kind & Status Plug Bond Waterproof Blanket Drilling Bond \$25,000.00	21B. Drilling Contractor Sutton & Norton Drig. Co.
22. Approx. Date Work will start June 1, 1966		

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 1/2, R-40	350'	250	Circulate
7-7/8"	4-1/2"	9.5 1/2, J-55	4500'	325	3500'

A Series 900 Shaffer double hydraulic Blow-Out preventer with blind and pipe rams will be used to drill this well.

APPROVAL VALID
30 DAYS UNLESS
EXTENDED,
8 21 66

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 B. F. Cloer **B. F. Cloer** Title District Engineer Date 5-26-66

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: