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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101

Revised 1-1-65

JUN 21 1966

5A. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	K-2779
7. Unit Agreement Name	
8. Farm or Lease Name	State "6"
9. Well No.	5
10. Field and Pool, or Wildcat	Undesignated
12. County	Chaves
19. Proposed Depth	4500'
19A. Formation	San Andres
20. Rotary or C.T.	Rotary
21. Elevations (Show whether DF, RT, etc.)	4431' (E) GR
21A. Kind & Status Plug. Bond	Statewide Blanket Drilling Bond
21B. Drilling Contractor	Sitton & Norton Drlg. Co.
22. Approx. Date Work will start	When Approved.

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"/>
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"/>
2. Name of Operator	Champlin Petroleum Company
3. Address of Operator	P. O. Box 1797, Midland, Texas
4. Location of Well	UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE OF SEC. 6 TWP. 8-S RGE. 33-E NMPM
21. Elevations (Show whether DF, RT, etc.)	4431' (E) GR
21A. Kind & Status Plug. Bond	Statewide Blanket Drilling Bond
21B. Drilling Contractor	Sitton & Norton Drlg. Co.
22. Approx. Date Work will start	When Approved.

23. \$25,000.00 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#	350'	250	Circulate
7-7/8"	4-1/2"	9.5#	4500'	325	3500'

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

FOR 30 DAYS UNLESS
DAILING COMMENCED
EXPIRES 7/1/66

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 H. N. Brown Title District Superintendent Date 6-22-66

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: