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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 3 11 30 AM '66

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Baskett	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Undesignated	
12. County	
Chaves	
19. Proposed Depth	19A. Formation
3800	San Andres
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
4130 GL	Blanket-Permanent
21B. Drilling Contractor	22. Approx. Date Work will start
Ard Drilling Company	August 3, 1966

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 type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	
Union Texas Petroleum Corporation, A Division of Allied Chemical Corp.	
3. Address of Operator	
1300 Wilco Bldg., Midland, Texas	
4. Location of Well	
UNIT LETTER <u>7</u>	LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE
AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>8-S</u> RGE. <u>30E</u> NMPM	
21. Elevations (Show whether DF, RT, etc.)	
4130 GL	
21A. Kind & Status Plug. Bond	
Blanket-Permanent	
21B. Drilling Contractor	
Ard Drilling Company	
22. Approx. Date Work will start	
August 3, 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"	24	500	375	Circ.
6-3/4"	4-1/2"	9.5	3800	800	Base of Salt

Drill a well to a TD of 3800' to test the San Andres Formation.
API3M RD Blowout Preventer program will be used.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 11-7-66

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 [Signature] Title District Prod. Supt. Date August 1, 1966

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: