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

Nov 16 11 34 AM '66

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Cato
2. Name of Operator Union Texas Petroleum Corporation		9. Well No. 3
3. Address of Operator 1300 Wilco Building, Midland, Texas 79701		10. Field and Pool, or Wildcat Cato (San Andres)
4. Location of Well UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 15 TWP. 8-S RGE. 30-E NMPM		12. County Chaves
19. Proposed Depth 3800		19A. Formation San Andres
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4122' GL (Est.)
21A. Kind & Status Plug. Bond Blanket-Permanent		21B. Drilling Contractor Not determined
22. Approx. Date Work will start November 28, 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" or 11"	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 2-17-67

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 Rumann Title Asst. Dist. Prod. Supt. Date November 15, 1966
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

100