NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW	MEXICO OIL CONS	ERVATION CO	MMISSION	F	brm C-101	_
SANTA FE				108	BS OFFI	E 0. C. C.	evised 1-1-6	
FILE				11.2	19 FT 6		_	
U.S.G.S.				Nov 2	9 11 .	9 AN 165	STATE	FEE X & Gas Lease No.
LAND OFFICE				NVT L		9 IN 90	5. State Oil	& Gas Lease No.
OPERATOR								
	N FOR PE	RMIT TO	DRILL, DEEPEN	, OR PLUG B	ACK ,		7. Linit Agre	eement Name
1a. Type of Work							// Unit Agre	
b. Type of Well DRILL X			DEEPEN		PLUG B		8. Farm or L	.ease Name
OIL GAS WELL	отн	F .		SINGLE ZONE	MULT	IPLE	Crosby	"17"
2. Name of Operator			<u>, , , , , , , , , , , , , , , , , , , </u>				9. Well No.	
Union Texas Petr	coleum	Corpor	ation				1	
3. Address of Operator						10. Field and Pool, or Wildcat		
1300 Wilco Bldg., Midland, Texas						Cato (San Andres)		
4. Location of Well UNIT LETTE	_в Н	LOC	ATED 1980	FEET FROM THE	North	LINE		
						1		
AND 660 FEET FROM	тне Еа	st LIN	E OF SEC. L/	_{тwp.} 8-5	RGE. JU-	E NMPM	12. County	<u></u>
						//////	Chaves	
<i>411111111111111</i>	HHHH	ttttttt		<u>IIIIIII</u>	IIIII	<u>IIIIII</u>	IIIII	
		//////					//////	
/////////////////////////////////////	<u>illilli</u>	<u>ann</u>		19. Proposed De	- 1	A. Formation		20. Rotary or C.T.
		111111		3800		San And		Rorary
21. Elevations (Show whether DF,	RT; etc.)							. Date Work will start
4129 GL (est)		Blanke	t-Permanent	B&L Dr	11111	ς ιο.	*11-2	0-00
23.		[°] P	ROPOSED CASING A	ND CEMENT PRO	GRAM		X	
SIZE OF HOLE	SIZEUF	CASING	WEIGHT PER FOO	T SETTING	DEPTH			
12½" or 11"	8-5/	8''	24		500		375	Circ.
6-3/4"	4-1/	2''	9.5	3	800		800	Base of Salt
	I		I	I		•		•
	_	of 380	0' to test	the San	Andres	s Forma	tion.	
Drill a well to	o a TD							
Drill a well to				1 be use	d.			
Drill a well to API3M Rd Blowow				1 be use	d.			
				l be use	d.			

well.

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED,

3-167

DATE

EXPIRES _____

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 if true and comp	lete to the best of my knowledge and bellef.	
signer alan bain	THE Office Supervisor	Date 11-28-66
Signed Collect Chancevij		
(This space for State Use)		

TITLE

CONDITIONS OF APPROVAL, IF ANY: