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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBBS OFFICE O.C.C.

DEC 5 7 43 AM '66

Form C-101
Revised 1-1-65

3. Indicate Type of Lease
STATE ☐ FEE ☒
State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Union Texas Petroleum Corporation		8. Farm or Lease Name Crosby
3. Address of Operator 1300 Wilco Bldg., Midland, Texas		9. Well No. 4
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>15</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM		10. Field and Pool, or Wildcat Cato (San Andres)
		12. County Chaves
		19. Proposed Depth 3800
		19A. Formation San Andres
		20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4099' GL (est)	21A. Kind & Status Plug. Bond Blanket-Permanent	21B. Drilling Contractor Ard Drilling Co.
		22. Approx. Date Work will start 12-4-66

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2" 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 Preventor program will be used.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.
EXPIRES 3 7 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 F. M. Manry Title Asst. Dist. Prod. Supt. Date 12-1-66
(This space for State Use)

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