NO. OF COPIES RECEIVED			_						
DISTRIBUTION			NEW MEXIC	O OIL CONS	ERVATIO	N COMMISSIO	N F	orm C-101 evised 1-1-65	i
SANTA FE				HOBBS	OFFICE	0: <b>C. C.</b>	_		Type of Lease
FILE								STATE	
U.S.G.S.		<b></b>		Dec 28	11 21	99, NG		5. State Oil 6	Gas Lease No.
LAND OFFICE					11 61				
OPERATOR								<u>mm</u>	
			MIT TO DRILL	DEEPEN		LIG BACK			
	ION	FUR PER	MIT TO DRILL		y on the	00 0.00		7. Unit Agree	ement Name
1a. Type of Work						<b>D</b> 1 110			
DRILL b. Type of Well	X		DEEP			PLUG	BACK	8, Farm or Le	
OIL GAS WELL			_		SINGLE Zone	K . MU	ZONE	Crosby	"17"
2. Name of Operator		OTHE	······					9. Well No.	
Union Texas P	otr	coleum	Corporati	on				3	
3. Address of Operator		<u>. orcan</u>	<u>00-P</u>					10. Field and Pool, or Wildcat	
1300 Wilco Bl	da	Mid1	and. Texa	S				Cato (San Andres)	
4. Location of Well	ug	, 11141	LOCATED	660		Nort	h LINE		
4. Location of wear UNIT LE	ETTER	A	LOCATED		_ FEET FRO				
AND 660 FEET FF		. Fas	t LINE OF SE	. 17	TWP.	8-SRGE. 30	-E NMPM	711111	WWWWW
AND 660 FEET FR			<u> IIIIIIIII</u>	1111111	<u>IIIII</u>			12. County	
	M				//////			Chaves	
	$\mathcal{H}$	HHHH	HHHHH	ttttttt	<u>illilli</u>				
$\mathcal{A}$	11).	///////							
AHHHHHHH	H	HHHH	********	<u> 1111111</u>	19. Prop	osed Depth	19A. Formation		20. Rotary or C.T.
	())					00	San A	ndres	Rotary
21. Clovations (Show whether	FOF,	RT, etc.)	21A. Kind & Stat					1	. Date Work will start
4129' GL (Est	-	I	lanket-Pe	ermanen	t Not	<u>selecte</u>	ed	12-29	-60
23. PROPOSED CASING AND CEMENT PROGRAM									
									FET TOP

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SIZE OF HOLE SIZI	OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	8-5/8"	28#	500'	375	<u>    Circ.                                    </u>
122" or 11	$\frac{5-570}{1721}$	9 5#	3800'	800	<u>Base of salt</u>
6-3/4"	+-1/2				
				1	l ·

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Drill well to 3 00' to test San Andres formation. API 3M Rd. blowout preventer program.

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 is true and co	omplete to the best of	of my knowle	dge and belief.		
Signed	- Altover			Prod. Supt.	Date <u>12-27-66</u>	
APPROVED B CONDITIONS	(This space for State USP)	IITLE			DATE	

