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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

JAN 9 7 39 AM '67

Form C-101
Revised 1-1-65

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 Crosby
9. Well No.
10. Field and Pool, or Wildcat Cato (San Andres)
12. County Chaves
19. Proposed Depth 3700
19A. Formation San Andres
20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RT, etc.) 4110' GL (est)
21A. Kind & Status Plug. Bond Blanket-Permanent
21B. Drilling Contractor Not Selected
22. Approx. Date Work will start 1-8-67

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	Union Texas Petroleum Corporation
3. Address of Operator	1300 Wilco Bldg., Midland, Texas
4. Location of Well	UNIT LETTER <u>OP</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>17</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM
21. Elevations (Show whether DE, RT, etc.)	4110' GL (est)
21A. Kind & Status Plug. Bond	Blanket-Permanent
21B. Drilling Contractor	Not Selected
22. Approx. Date Work will start	1-8-67

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"	28#	500	300	Circ.
6-3/4"	4-1/2"	9.5#	3700	500	Base of salt

Drill well to 3700' to test San Andres formation. API 3M Rd. blowout preventer program.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.
4-9-67

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 Korman Title Asst. Dist. Prod. Supt. Date 1-5-67
(This space for State Use)

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