

20-005-20002

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

CORRECTED COPY 11 44 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. 6
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 DF, RT, etc.) 4108' 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"/>	SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <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>IP</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>9</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM	
21. Elevations (Show whether DF, RT, etc.) 4108' 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.

NOTE: This is being filed to change location from 1980' FSL to 660' FSL.

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 Rumany Title Asst. Dist. Prod. Supt. Date 2-15-67

(This space for State Use)

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: