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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101

Revised 1-1-66

HOBBY, LEE C. C. C.

MAR 7

5A. Indicate Type of Lease

STATE TX FEE ☒

5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name <b>Crosby</b>	
2. Name of Operator <b>Union Texas Petroleum Corporation</b>		9. Well No. <b>9</b>	
3. Address of Operator <b>1300 Wilco Bldg., Midland, Texas</b>		10. Field and Pool, or Wildcat <b>Cato (San Andres)</b>	
4. Location of Well UNIT LETTER <u>L</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>9</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM		12. County <b>Chaves</b>	
19. Proposed Depth <b>3600'</b>		19A. Formation <b>San Andres</b>	
20. Rotary or C.T. <b>Rotary</b>		21. Elevations (Show whether DF, RT, etc.) <b>4060' GL (est.)</b>	
21A. Kind & Status Plug. Bond <b>Blanket-Permanent</b>		21B. Drilling Contractor <b>Not Selected</b>	
22. Approx. Date Work will start <b>March 26, 1967</b>			

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	28#	500'	300	Circ.
6 3/4" or 7 7/8"	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,  
EXPIRES 6-11-67

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 [Signature] Title Asst. Dist. Drlg. Supt. Date March 7, 1967

(This space for State Use)

ORIGINAL

SIGNATURE

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: