NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW M	NEW MEXICO OIL CONSERVATION COMMISSION Form C-101					
SANTA FE							
FILE						5A. Indicate Type of Lease	
U.S.G.S.				t į	STATE L	Gas Lease No.	
OPERATOR	- - 				3. State Off 6	Gds Ledse No.	
OFERATOR					min	***********	
ΔΡΡΙ ΙζΑΤΙ	ON FOR PERMIT TO D	DRILL DEEPEN OF	P PLUG BACK		<i>{ </i>		
1a. Type of Work	OIT OR TERMIT TO E	MILL, DELI EN, ON	CT LOO BACK	-	7. Unit Agree	ement Name	
 [٦ .				1		
b. Type of Well DRILL	z '	DEEPEN PLUG BACK			8. Farm or Lease Name		
OIL GAS WELL	OTHER	SINGLE MULTIPLE ZONE ZONE		MULTIPLE ZONE	Cato State		
2. Name of Operator					9. Well No.		
MIT Deady	aine Compeny					3	
3. Address of Operator					PARTITION	CHUATEN	
4. Location of Well	Wational Bank Bl	de. Midland, T	exas		Cato	GNATED (Sen Andree)	
4. Location of Well UNIT LET	TER LOCA	red660 FEE	T FROM THESO	uthLINE			
AND SEET FROM	M THE POST LINE	OF SEC. 2 TWP	RGE.	30E NMPM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					12. County		
					Chay	•• ()))))))	
			Proposed Depth	19A. Formation			
		//////////////////////////////////////	Proposed Depth	19A. Formatio	on	20. Rotary or C.T.	
21. Elevations (Show whether D	FRT etc.) 23 A Kind S	Status Plug. Bond 21B	3650	San	Andres	Rotary Date Work will start	
•	,	İ	-				
4157 KB (e	st.) Blar	ket-Current	Link	ROWE		<u>Immediately</u>	
	PR	OPOSED CASING AND C	EMENT PROGRAM	l			
SIZE OF HOLE	SIZE OF CASING	E OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF CEMENT EST. TOP					
• •							
11	8-5/8				?00 60 0	Circulate 2000'	
7-7/8	5-1/2	15-1/2	3650		1100	2000	
	1			I	1		
				RE	CEIV	ED	
				Ą	100 % 10	257	
		FUNRES -	. n	<i>F</i>	, , ,	* 1	
			VA SECTION		ومعار والمرا	i	
		APPROVING	5 4 1 1 2 2		 Billia, Maya	ः प्रशासन्तरम्	
		4. 90 DA	1 / Care		· · · · · · · · · · · · · · · · · · ·	(大) 艦	
		FOR ING IS	1. 11 1				
		Carat.	1				
		سيركم للمركب والمتاركة	,				
		EXPIRES -					
		F					
N ABOVE SPACE DESCRIBE F	PROPOSED PROGRAM: IF PE	ROPOSAL IS TO DEEPEN OR F	PLUG BACK, GIVE DAT	A ON PRESENT P	RODUCTIVE ZONE	AND PROPOSED NEW PRODU	
IVE ZONE. GIVE BLOWOUT PREVEN			<u>.</u>				
hereby certify that the information	tion above is true and compl	ete to the best of my know	wledge and belief.				
EKP1	a Cha	T:-1.			Deve		
igned / / L		Title	Hiliams - 1	resident	DateA	r11 4, 1967	
(This space fo	r State Use)		3				
	• •			: 1 - 1			
APPROVED BY		TIT. F			DATE		

CONDITIONS OF APPROVAL, IF ANY: