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NEW MEXICO OIL CONSERVATION COMMISSION

MODEC OFFICE O. C. C.

APR 29 11 31 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
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.) 4040 GL
21A. Kind & Status Plug. Bond Blanket - Permanent
21B. Drilling Contractor Not Selected
22. Approx. Date Work will start April 29, 1967

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work 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 C LOCATED 1980 FEET FROM THE West LINE AND 660 FEET FROM THE FNL LINE OF SEC. 9 TWP. 8-S RGE. 30-E NMPM	DEEPEEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
23.	

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 7-21-67

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEEN 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 L. F. Sheppard Title Asst. Dist. Drlg. Supt. Date April 27, 1967

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: