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

Form C-101
Revised 1-1-65

MAY 31 7 18 AM '67

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
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 DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Crosby	
2. Name of Operator Lohmann Oil Service, Inc.		9. Well No. 1	
3. Address of Operator 2021 West Broadway Place Hobbs, New Mexico		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER J LOCATED 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE OF SEC. 5 TWP. 8-S RGE. 30-E NMPM		12. County Chaves	
19. Proposed Depth 3650'		19A. Formation San Andres	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4090' DF (est.)	21A. Kind & Status Plug. Bond Blanket - Permanent	21B. Drilling Contractor Not selected	22. Approx. Date Work will start June 15, 1967

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"	20#	450'	300	circ.
7 7/8"	4 1/2"	9.5#	T.D.	300	base of salt

Drill a well to a TD of 3650' to test the San Andres formation
API 3M Rd. Blowout Preventer program will be used.

APPROVAL FOR
FOR SO DATA
YIELDING COMPT-7
8-31-67

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 Dicey Lohmann Title President Date May 26, 1967

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