NO. OF COPIES RECEIVED												
DISTRIBUTION SANTA FE	+	NEW	MEXICO OIL CON					Form C-101 Revised 1-1	<b>-</b> 65			
FILE				11111	IBS OFFICE Q	. 6. 6.	ſ		te Type of L	ease		
U.S.G.S.				leas	7 11 1	H 167	1	STATE		FEE X		
LAND OFFICE				ΑñΝ	7    31 A	M 10/	}	5. State OI	l & Gas Lea	ise No.		
OPERATOR							ļ					
			550 / 5555									
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK  1a. Type of Work									7. Unit Agreement Name			
	,						_	7. Ollit Agi	eement Nam	i <b>e</b>		
b. Type of Well DRILL X	İ		DEEPEN		PLU	IG BACK		8. Farm or	Lease Name	<del></del>		
OIL GAS OTHER					SINGLE X MULTIPLE ZONE			Crosby "A"				
2. Name of Operator								9. Well No.				
Union Texas Pe	trole	ım Corpo	ration						#1			
3. Address of Operator 1300 Wilco Building, Midland, Texas								10. Field and Pool, or Wildcat				
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE NORTH LIN							Undesignated					
UNIT LETT	ER	<u> </u>	ATED DOU	FEET	FROM THENC	orun	_LINE					
AND 1980 FEET FROM	THE WO	est	E OF SEC. 20	TWP	8-S RGE. 3	30-E	NMPM					
	TITTI.	THITT		1111	TÜNNIN	IIII		12. County	1//	1111111		
	7////							Chave	≥s <u> </u>			
	<i>HHH</i>				Proposed Depth	1104 F	ormation	7/////	20. Rotary	77777777777777777777777777777777777777		
					3700'		And		· ·	tary		
21. Lievations (Show whether DF	, RT, etc.)	21A. Kind	& Status Plug. Bond	21B.	Drilling Contracto	or		22. Appro	x. Date Work	k will start		
4035 GL (Est.)		Blank	ket-Permane	ent	Not sele	ected	l	Jı	une 13	, 1967		
23.		D:	ROPOSED CASING	AND CE	WENT BROCKAN			· <del>1 · · · · · · · · · · · · · · · · · · </del>				
	,		ROPUSED CASING	AND CE	MENT PROGRAM							
SIZE OF HOLE	·	F CASING	WEIGHT PER FC	OT S			SACKS OF CEMENT			EST. TOP		
12 1/4 7 7/8		5/8 1/2			500' T.D.		300 225		Circ Base of salt			
1 110	. ر	1/2	147	_	1.υ.	• 22		base of		or sare		
Drill we	11 to	3700' t	l to test San	l n And	lres forma	ا a <b>ti</b> or	١.		ł			
API 3M R	d. B1	owout Pr	eventer Pr	ogra	am							
•		.•										
							APPR	DVAL VAL	.ID			
			•		:			DAYS UN				
			•					COMME				
					•		9	-8-6	<i>:7</i>			
						EXPIRE	S <b></b>		glanding is in	F		
						÷						
IN ABOVE SPACE DESCRIBE PETIVE ZONE. GIVE BLOWOUT PREVENT	ER PROGRAM	A, IF ANY.		EN OR PL	UG BACK, GIVE DATA	4 ON PRES	ENT PRO	JUCTIVE ZON	E AND PROPO	SED NEW PRODUC		
I hereby certify that the information	on above is	true and comp	lete to the best of m	y knowi	edge and belief.							
s	6	/ 1	Title_Office	Sur	pervisor		r	ate	June (	6, 1967		
Signed - ( ( ( ( C ) (		-1. 6 6/	inte				L					
(This space for	State Use)	21										
Jan 1	D.[.	Ement										
APPROVED BY	<i>F</i> (1)	with a	TITLE			-	□	ATE				
CONDITIONS OF APPROVAL, IF	ANY:											