YIO S.D. COPY

UNITED STATES

SUBMIT IN TRIPLIC -TE\*

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## (Other instruction: reverse side)

	approved		
Budget	Burcau	No.	42-R142

DEPARTMENT OF THE INTERIOR NM 15677A **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK \_ : ٠. 1a. TYPE OF WORK 7. UNIT AGREEMENT NAME PLUG BACK DEEPEN [] DRILL X - 3 b. TYPE OF WELL MULTIPLE SINGLE ZONE WELL X GAS WELL 8. FARM OR LEASE NAME OTHER Strange Federal 2. NAME OF OPERATOR 9. WELL NO. Exxon Corporation 3 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT P. O. Box 1600, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*) Tomahawk San Andres 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A2.100d FSL zand 1,980' FEL of Section Sec. 25, T7S, R31E 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\* 12. COUNTY OR PARISH | 13. STATE 40 miles SW of Portales Chaves New Mexico 15. DISTANCE FROM PROPOSED\* 16. NO. OF ACRES IN LEASE 17. NO. OF ACRES ASSIGNED . TO THIS WELL DOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. line, if any) 540' - 40 . 320 18. DISTANCE FROM PROPOSED LOCATION 19. PROPOSED DEPTH 20. ROTARY OR CABLE TOOLS TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1325' Rotary 4300 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 22. APPROX. DATE WORK WILL START\* 4395.8 GR December 23,1979 23.PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH QUANTITY OF CEMENT 12 1/4" 8 5/8" 24.0# 1,800' 900 Cu. Ft 7 7/8" 5 1/2" 14.0# 4,3001

OCT 261273

U.S. GEULUGICAL SURVEY ARTESIA, NEW MEXICO

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED DATE (This space for Federal or State office use) PERMIT NO. APPROVAL DATE TITLE Proration Specialist APPROVED BY CONDITIONS OF APPROVAL, IF ANY: