

30-005-20953

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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.	

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 Gulf-Kimmons	
2. Name of Operator C. E. LaRue and B. N. Muncy, Jr.		9. Well No. 2	
3. Address of Operator P. O. Box 470 Artesia, N. M. 88210		10. Field and Pool, or Wildcat Undesignated Tom-Tom San Andres	
4. Location of Well UNIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE OF SEC. 19 TWP. 8S RGE. 31E NMPM		12. County Chaves	
19. Proposed Depth 4000'		19A. Formation San Andres	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4186' GL	21A. Kind & Status Plug. Bond Statewide	21B. Drilling Contractor L & M Drilling, Inc.	22. Approx. Date Work will start March 30, 1984

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"	24#	1200'	450	Circulated
7 7/8"	4 1/2"	9 1/2#	4000'	300	2200

Propose to drill to approximately 4000'. Set 8 5/8" @ 1200', circulate cement. Test surface casing to 1000# after waiting 12 hours on cement. If logs indicate there is a commercial zone, 4 1/2" will be set at TD. 3000# BOP will be in use during drilling.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 9/26/84
UNLESS DRILLING UNDERWAY

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 [Signature] Title Operator Date March 24, 1984

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 26 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 26 1984
O.C.D.
HOBBS OFFICE