HO, OF COPIES NECELYFO							
DISTRIBUTION						Form C-101 Revised 1-1-95	
SANTA FE FILE	E				5A. Indicate		
U.S.G.5.						Cons Lesine No.	
LAND OFFICE					L 73		
OPERATOR	`			ļ		MATTATA	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
la. Type of Work					7. Unit Agree	ment Name	
PRICK X Re-entry DEEPEN PLUG BACK						ago Nome	
b. Type of Well SINGLE X MULTIPLE					EX State CX		
writ A wett L.	O.HEB		40NE LLJ		9. Well No.	1	
	. Brown Compa	ny ·				I Willest	
2 Address of Control					Ranger Lake Penn		
Suite 200/Sutton Place Bldg. Wichita, Kansas 67202							
UNIT LETTER LOCATED FEET FROM THE							
AND 2080 FEFT FROM	THE West LINE	34	12-S 34	-E		77);}}}}}	
THE THE PARTY OF T					12. County Lea		
				+++++	ırrımı	HHHHH	
4444444	######		the the tomes partie	14A. Formulton	1	to, netary or C.T.	
			10,328'	Penn	1	Well Service	
21. Elevations (Show whether Di-	· · · · · · · · · · · · · · · · · · ·	1	2114. Drilling Contractor	Inc	9-20	Date Work will start	
4160' GR	Blanl	cet	PBCP Services	, Inc.	1 /-20		
23.	Р	ROPOSED CASING AN	D CEMENT PROGRAM		6		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	T SETTING DEPTH	SACKS OF	CEMENT	EST. TOP Circulated	
. 17 1/2"	13 3/8"	48.0	4290'	700		2000'	
11"	8 5/8"	32.0		550		80001	
7 7/8"	4 1/2"	11.6	10330'	1 550	i	0000	
	·						
1. Clean out cel	llar.	00# Chaffar ble	our out prevente	r			
2. Install well h	ead and 6", 300 face plug inside	1 1/2!! casing	y and clean out	to top of	cement	plug at	
3. Drill out sur	ly 9298' with 3 3	8/4!! bit on 2.3	/8" tubing.	30 10			
approximate	t casing to 2000	i, a program	, o tabing.				
5 Duill out con	cont plug and cle	ean out to 10.	3281.				
5. Drill out cen	ll in original pe	rforated inter	vals 10,270'-10),276', 1	0,282'-	10,288'	
6. Complete we and 10, 314'-	10. 322'.						
7. Acidize if ne							
	cing equipment.						
	· ·						
N ABOVE SPACE DESCRIBE P	ROPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN	OH PLUG BACK, GIVE DATA	ON PRESENT PR	ODUCTIVE ZONE	AND PROPOSED NEW PROD	
TIVE ZONE. GIVE BLOWOOF PHEVEN	TER PROGRAM, IF ANT.	plete to the be st of my					
I hereby certify that the informat	ion above is true and com				0	7 92	
Signed J.	roespect	Crule Distric	t Engineer		Date 9-	-7-82	
(This space for	State Use)					•	
	#			TOD.		1000	
~ n	1	2 II∩	GAS INSPEC	TOK	CC	P 1 0 1982	

CONDITIONS OF APPROVAL, IF ANY

RECEIVED

SEP 9 1982

O.C.D. HORRS OFFICE