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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 7-1-55C.

5A. Indicate Type of Lease	
STATE <b>11</b> FEE <b>X</b>	
6. State Oil & Gas Lease No.	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	7. Unit Agreement Name 8. Farm or Lease Name <b>William Sanders</b> 9. Well No. <b>1</b> 10. Field and Pool, or Well Unit <b>UNDESIGNATED</b> <b>Larry J. Penn</b>
2. Name of Operator <b>Skelly Oil Company</b>	
3. Address of Operator <b>P.O. Box 730, Hobbs, New Mexico</b>	
4. Location of Well UNIT LETTER <b>D</b> LOCATED <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE OF SEC. <b>1</b> TWP. <b>14S</b> RGE. <b>33E</b> NMPM	
	12. County <b>Lea</b>
19. Proposed Depth <b>10,000'</b>	19A. Formation <b>Pennsylvanian</b>
20. Rotary or C.T. <b>Rotary</b>	
21. Conditions (Show whether DF, RT, etc.) <b>Blanket Bond No. 1253688 for \$100,000 w/Fed. Ins. Co.</b>	21B. Drilling Contractor <b>Hondo Drilling Company</b>
22. Approx. Date Work will start <b>Immediately</b>	

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTLING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11-3/4"	31.20#	370'	400	Surface
11"	8-5/8"	24 and 32#	4200'	400	2790'
7-7/8"	5-1/2"	15.5 and 17#	10,000'	600	7320'

The pump and plug process will be used in cementing all strings of casing and cement will be circulated to the surface on the 11-3/4"OD surface casing. The 5-1/2"OD casing will be perforated and the Pennsylvanian Formation treated with approximately 500 gallons mud acid.

VALID  
UNLESS  
RENEWED

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 (Signed) V. E. Fletcher Title District Superintendent Date April 3, 1967

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: