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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

30-25-274
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
5. State Oil & Gas Lease No. K-2293	
7. Unit Agreement Name None	
8. Farm or Lease Name Natural	
9. Well No. 1	
10. Field and Pool, or Wildcat Bagley (undesignated Penn)	
12. County Lea	
19. Proposed Depth 10,000	19A. Formation Penn
20. Rotary or C.T. 0-TD Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond Statewide
21B. Drilling Contractor	
22. Approx. Date Work will start January 25, 1968	

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 type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Charles B. Read	
3. Address of Operator P. O. Box 2126	
4. Location of Well UNIT LETTER B LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 15 TWP. 12S RGE 33E NMPM	



21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond Statewide	21B. Drilling Contractor	22. Approx. Date Work will start January 25, 1968
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23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	12-3/4"		400	350	Circ to surface
11"	8-5/8"		3850	450	2715
7-7/8"	5-1/2"		10,000	600	7500

12 3/4
CASKS PRIOR TO RUNNING
CASING

4-26-68

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 Charles B Read Title Charles B. Read, Operator Date January 24, 1968
(This space for State Use)

APPROVED BY Joe V Ramey TITLE SUPERVISOR DISTRICT 1 DATE
CONDITIONS OF APPROVAL, IF ANY: