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# 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 OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Hodge	
2. Name of Operator Samedan Oil Corporation		9. Well No. 1	
3. Address of Operator 2207 Wilco Building, Midland, Texas 79701		10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER <u>J</u> LOCATED <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>28</u> TWP. <u>12-S</u> RGE. <u>38-E</u> NMPM		12. County Lea	
19. Proposed Depth 12,300'		19A. Formation Devonian	20. Rotary or C.T. ROTARY
21. Elevations (Show whether DE, RT, etc.) 3820.6' G.L.	21A. Kind & Status Plug. Bond Blanket - OK	21B. Drilling Contractor Noble Drilling	22. Approx. Date Work will start Upon Approval

### PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
16"	13 3/8"	48#	350'	Circulate Surface	
11"	9 5/8"	40#	4550'	425'	1650'
8 1/4"	5 1/2"	20#	12,300'	250	11,000'

We propose to rotary drill to 12,300' and if shows and test warrent, complete in the Devonian with casing and cement program as outlined above.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DILLING COMMENCED

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NOTIFICATION MUST BE NOTICED  
24 HOURS PRIOR TO RUNNING CASING 13 3/8

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 G. W. Putnam Title Division Production Superintendent Date September 16, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: