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DISTRIBUTIO	N		NEW	MEXICO OIL CONS	ERVATION COMMISS	ION	Form C-101		
SANTA FE							Revised 1-1-		
FILE U.S.G.S.								e Type of Lease	
LAND OFFICE		11					STATE		
OPERATOR								& Gas Lease No. K-32, K-6444	
								anninnin	π
,API	PLICATION	N FOR PER	MIT TO	DRILL, DEEPEN,	OR PLUG BACK		VIIIII		$^{\prime\prime\prime}$
ia. Type of Work							7. Unit Agre	eement Name	
1 70 6 111 44	DRILL X			DEEPEN	PLI	IG BACK			
b. Type of Well	GAS						8. Farm or L	Lease Name	
2. Name of Operator	WELL	OTHER			SINGLE ZONE	ZONE ZONE	Baum B		
	roducin	g Company	,				9. Well No.	1	
3. Address of Operat	or	tdonol De	1. 73.1.1				10. Field and Pool, or Wildcat		
4. Location of Well	TIBE NS	tional Ba		indiand,	Texas		Babuh Th	PRINTED	
4. Location of well	UNIT LETTE	RL	LOC	1980	FEET FROM THE SOU	thLINE			111
AND 660		_{THE} West			1/0				$^{\prime\prime\prime}$
mmm	FEET FROM	TITITIE NGSE	7777	of Sec. 4	TWP. 145 RGE.	33E NMPM	12. County	711/1/11/11	77)
							Lea	(//////	$^{\prime\prime\prime}$
HHHH	<i>HHH</i>	4444	<i>HHH</i>	/////////////////////////////////////		///////	77777	HHHHmm	#
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MATTI		<i>HHHH</i>	11111	1414144	19. Proposed Depth	19A. Formatio	n	20. Rotary or C.T.	777
					10100	Upper I	'enn	Rotary	
21. Elevations (Show 4256 GL	whether DF,			& Status Plug. Bond t-Current	21B. Drilling Contracto		1	x. Date Work will start	
23.			2 Addre	t ourrent	Moran Drilli	ig Co.	1mmed	ilately	
			P	ROPOSED CASING AN	D CEMENT PROGRAM				
SIZE OF H	DLE	SIZE OF C	ASING	WEIGHT PER FOO	T SETTING DEP	H SACKS OF	F CEMENT	EST. TOP	
17		13-3/8		48-H40	350	350		Circulate	
11		8-5/3		24 & 32 J55	4000	300		3000	
7-7/3		5 - 1/2		17-J & N	10100	300		9000	
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I AROVE SDACE OF	SCRIBE BE	DOSED DDGG	D A 14: 15 ~	DODGE 1 15					
	- TREVENIE	R PROGRAM, IF	ANT.		OR PLUG BACK, GIVE DATA	ON PRESENT PRO	DUCTIVE ZONE	AND PROPOSED NEW PRO	DUC:
nereby certify that th	e information	above is true	and compl	ete to the best of my l	mowledge and belief.				
ioned Sura	MH.	Juds	an	Title Agent			Date 12-2	2_6g	
S		-AVV		i ii ie			Vate	L-U0	

SIMPRYISDE DESERTING

This space for State Use)

CONDITIONS OF APPROVAL, IF MY:

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