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# NEW MEXICO OIL CONSERVATION COMMISSION

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.
00 - 5222

## 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"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name State 2	
2. Name of Operator Kincaid & Watson Drilling Company		9. Well No. 1	
3. Address of Operator P.O. Box 498, Artesia, New Mexico 88210		10. Field and Pool, or Wildcat UNDEVELOPED	
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE N LINE AND 660 FEET FROM THE W LINE OF SEC. 2 TWP. 14S RGE. 34E NMPM		12. County Lea	
19. Proposed Depth 10,700		19A. Formation Perm	
20. Rotary or C.T. CT and Rotary		21. Elevations (Show whether DF, RT, etc.) 4142 GL	
21A. Kind & Status Plug. Bond Blanket Bond		21B. Drilling Contractor Kincaid & Watson Drlg.	
22. Approx. Date Work will start March 12, 1969			

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15 1/2"	11 3/4"	42	400	400	Circ.
10 3/4"	8 5/8"	32	4500	400	Circ.
	5 1/2"		10,700	250	

APPROVAL VALID  
FOR 90 DAYS UNLESS  
RENEWED BY THE COMMISSION

6-10-69

24 HOURS AFTER RECEIVING 11 3/4"  
CASING.

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 Nancy King Title Assistant Secretary Date March 10, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE Commissioner DATE

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

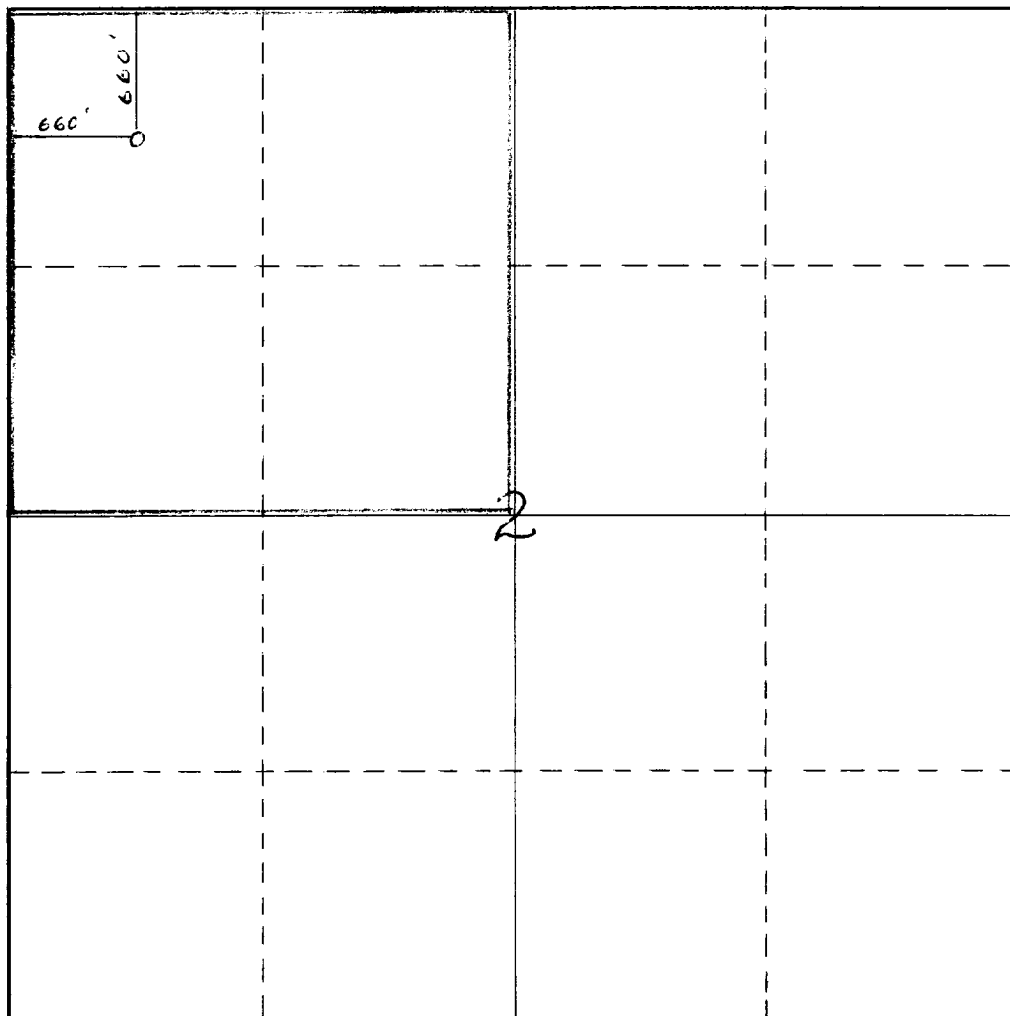
Operator <b>Kincaid &amp; Watson Drilling Company</b>			Lease <b>State 2</b>		Well No. <b>1</b>
Unit Letter <b>D</b>	Section <b>2</b>	Township <b>14S</b>	Range <b>34E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>660</b> feet from the <b>N</b> line and <b>660</b> feet from the <b>W</b> line					
Ground Level Elev.	Producing Formation <b>Penn</b>		Pool <b>UNDESIGNATED</b>	Dedicated Acreage: <b>160</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name  
*Nancy King*  
Position  
**Assistant Secretary**  
Company  
**Kincaid & Watson Drilling Co.**  
Date  
**March 10, 1969**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
*March 8, 1969*  
*W. L. L. L.*  
Registered Professional Engineer and/or Land Surveyor

**929**  
Certificate No.