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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. K-3573
7. Unit Agreement Name
8. Farm or Lease Name State H "A" COM.
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Lee
19. Proposed Depth 14,750'
19A. Formation Silurian
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) Not determined
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Unknown
22. Approx. Date Work will start 4-15-69

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER B LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 19 TWP. 14S RGE. 35E NMPM
19. Proposed Depth 14,750'
19A. Formation Silurian
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) Not determined
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Unknown
22. Approx. Date Work will start 4-15-69

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13-3/8"	36#	400'	350	Circulate
12-1/4"	9-5/8"	36#	4500'	900	2800'
7-7/8"	5-1/2"	17 & 20#	14,750'	600	8000

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 *[Signature]* Title District Superintendent Date April 11, 1969

(This space for State Use)

APPROVED BY *[Signature]* TITLE Assistant District Superintendent DATE April 11, 1969

CONDITIONS OF APPROVAL, IF ANY:

13 3/8

EXPIRES 7-14-69