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# NEW MEXICO OIL CONSERVATION COMMISSION

May 13 2 25 PM '69

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-6606	
7. Unit Agreement Name	
8. Farm or Lease Name	
State 6	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
Bann Upper Penn	
12. County	
Lea	
19. Proposed Depth	19A. Formation
10,000	Upper Penn
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
	Blanket
21B. Drilling Contractor	22. Approx. Date Work will start
Not let	5/14/69

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/>	DEEPEN <input type="checkbox"/>
b. Type of Well	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>
OTHER <input type="checkbox"/>	
2. Name of Operator	
Coastal States Gas Producing Company	
3. Address of Operator	
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	
4. Location of Well	
UNIT LETTER L	LOCATED 1980
FEET FROM THE South LINE	
AND 660	FEET FROM THE West
LINE OF SEC. 6	
TWP. 14 S	RGE. 33 E
NMPM	
12. County	
Lea	
19. Proposed Depth	
10,000	
19A. Formation	
Upper Penn	
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
	Blanket
21B. Drilling Contractor	22. Approx. Date Work will start
Not let	5/14/69

23.

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48#	350	350	Circ
11	8 5/8	24# & 32#	4000	300	3000
7 7/8	5 1/2	17#	10,000	200	8850

24 HOURS PRIOR TO RUNNING CASING

7-13-69

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 Wonna Hollis Title Agent Date 5/12/69

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE 5/12/69

CONDITIONS OF APPROVAL, IF ANY:

No allowable will be assigned until either a standard proration unit is formed or a Non-Standard Proration Unit Order is obtained.