

30 025-73145

NEW MEXICO OIL CONSERVATION COMMISSION  
 OFFICE OF THE COMMISSIONER  
 MAY 13 2 25 PM '69

Form C-101  
 Revised 1-1-65

|                        |  |  |
|------------------------|--|--|
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| SANTA FE               |  |  |
| FILE                   |  |  |
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| LAND OFFICE            |  |  |
| OPERATOR               |  |  |

5A. Indicate Type of Lease  
 STATE  FEE

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  
**Basin Upper Penn**

12. County  
**Lea**

19. Proposed Depth  
**10,000**

19A. Formation  
**Upper Penn**

20. Rotary or C.T.  
**Rotary**

21B. Drilling Contractor  
**Not let**

22. Approx. Date Work will start  
**5/14/69**

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work  
 DRILL  DEEPEN  PLUG BACK

b. Type of Well  
 OIL WELL  GAS WELL  OTHER   
 SINGLE ZONE  MULTIPLE ZONE

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

21. Elevations (Show whether DF, RT, etc.)

21A. Kind & Status Plug. Bond  
**Blanket**

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     |

OPERATOR MUST NOTIFY COMMISSION  
 24 HOURS PRIOR TO RUNNING CASING  
 13 3/8

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 Kollis 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.**