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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBS OFFICE, O. C. C.

MAY 19 10 02 AM '69

30-075-23162  
HOBBS OFFICE  
Form O.C.C. 101  
Revised 1-65  
MAY 22 11 10 AM '69  
5A. Indicate Type of Lease  
STATE ☒ O.C.C. FEE ☐  
5. State Oil & Gas Lease No.  
E-958369

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator SAM BOREN		8. Farm or Lease Name Roberts
3. Address of Operator P O Box 953 Midland Texas		9. Well No. 1
4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE N LINE AND 660 FEET FROM THE W LINE OF SEC. 3 TWP. 14-8 RGE. 34-E NMPM		10. Field and Pool, or Wildcat UNDESIGNATED
		12. County Lea
		19. Proposed Depth 10,800
		19A. Formation U. Penn
		20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor FWA Drlg Co
		22. Approx. Date Work will start Immediately

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	11 3/4	42	350	400	Surface
9 7/8	8 5/8	32	4100	400	2000
7 7/8	4 1/2	11.6	10800	600	6200

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO RUNNING 11 3/4  
CASING.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,

EXPIRES 8-23-69

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 Lillian Jones Title Agent Date May 16, 1969

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE MAY 23 1969

CONDITIONS OF APPROVAL, IF ANY:

**EX-106**

1. NAME  
 2. DATE  
 3. TIME  
 4. LOCATION  
 5. REMARKS  
 6. INITIALS  
 7. SIGNATURE  
 8. DATE  
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 11. REMARKS  
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 250. LOCATION

1. NAME OF DEPARTMENT  
 2. DATE  
 3. TIME  
 4. PLACE  
 5. REMARKS  
 6. SIGNATURE  
 7. OFFICE  
 8. ADDRESS  
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 252. STATE  
 253. COUNTRY</

Figure 1

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.

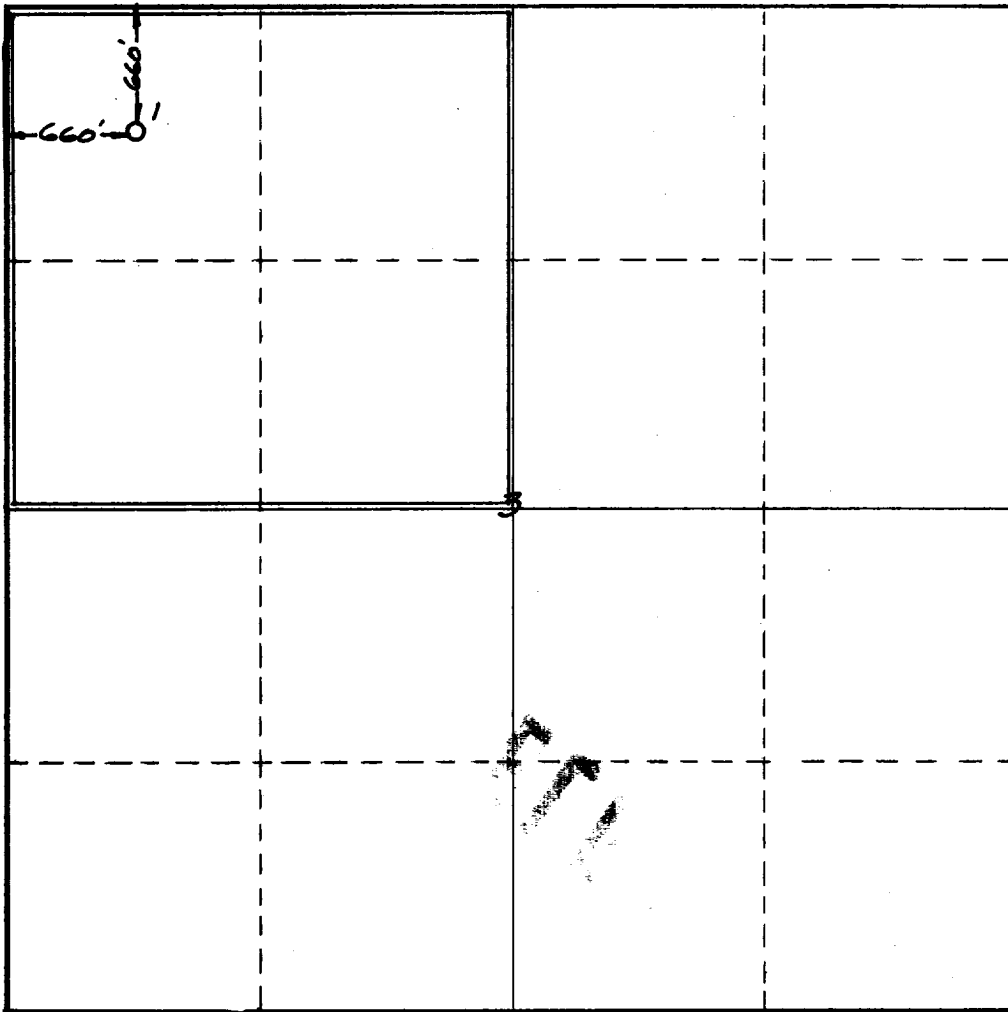
Operator <b>SAM BOREN</b>			Lease <b>Robert 102 AM '69</b>			Well No. <b>1</b>
Unit Letter <b>D</b>	Section <b>3</b>	Township <b>14-S</b>	Range <b>34-E</b>	County <b>Lea</b>		
Actual Footage Location of Well: <b>660</b> feet from the <b>N</b> line and <b>660</b> feet from the <b>W</b> line						
Ground Level Elev:	Producing Formation <b>U. Penn</b>		Pool <b>Cerca</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  
*Lillian Jones*  
Position  
**Agent**

Company  
**Sam Boren**

Date  
**May 16, 1969**

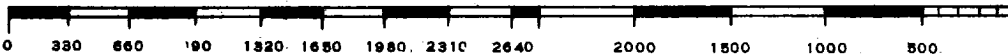
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**May 16 1969**

Registered Professional Engineer  
and/or Land Surveyor

*W. E. Shover*  
Certificate No.

**2189**



1 322  
27 MAR 1964

Robert

14-18

14-11

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