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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65 *3, 02572771*

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K-6271
7. Unit Agreement Name --
8. Farm or Lease Name Midwest State - Com.
9. Well No. 1
10. Field and Pool Name <del>UNDEVELOPED</del> Baum Upper Penn
12. County Lea
19. Proposed Depth 10,000'
19A. Formation Bough "C"
20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RT, etc.) Blanket
21B. Drilling Contractor Unknown
22. Approx. Date Work will start immediately

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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator WESTERN STATES PRODUCING COMPANY	
3. Address of Operator 900 Bldg. of the Southwest, Midland, Texas 79701	
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>35</u> TWP. <u>13-S</u> RGE. <u>32-E</u> NMPM	
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"	12 3/4" OD	34	380'	350	Circ.
11"	8 5/8" OD	24 & 32	4100'	375	2700'
7 7/8"	5 1/2" OD	17	10,000'	300	7500'

1. Drill 17 1/2" hole to 380' and set 12 3/4" casing. Cement with 350 sacks Class "H" + 2% calcium chloride. WOC - 18 hours.
2. Test casing to 1,000 psi and drill 11" hole to 4100'. Set 8 5/8" casing at 4100'. Cement with 375 sacks Class "C" Poz "H" + 2% gel.
3. Test casing to 1500 psi, and drill 7 7/8" hole to 10,000'.
4. Run open hole logs and set 5 1/2" casing at 10,000'.
5. Cement with 300 sacks of Class "C" + 2% gel + 11 lbs. salt per sack.
6. WOC 24 hours. Test casing to 2,000 psi.
7. Complete prospective pay zones.

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 *Don Chenevix* Title Operations Manager Date 12-20-71

(This space for State Use)  
APPROVED BY *John J. Hamey* TITLE SUPERVISOR DISTRICT I DATE DEC 22 1971  
CONDITIONS OF APPROVAL, IF ANY:

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OIL CONSERVATION COMM.  
HOBBS, N. M.

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PL

Form C-102  
Supersedes C-122  
Effective 1-1-55

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

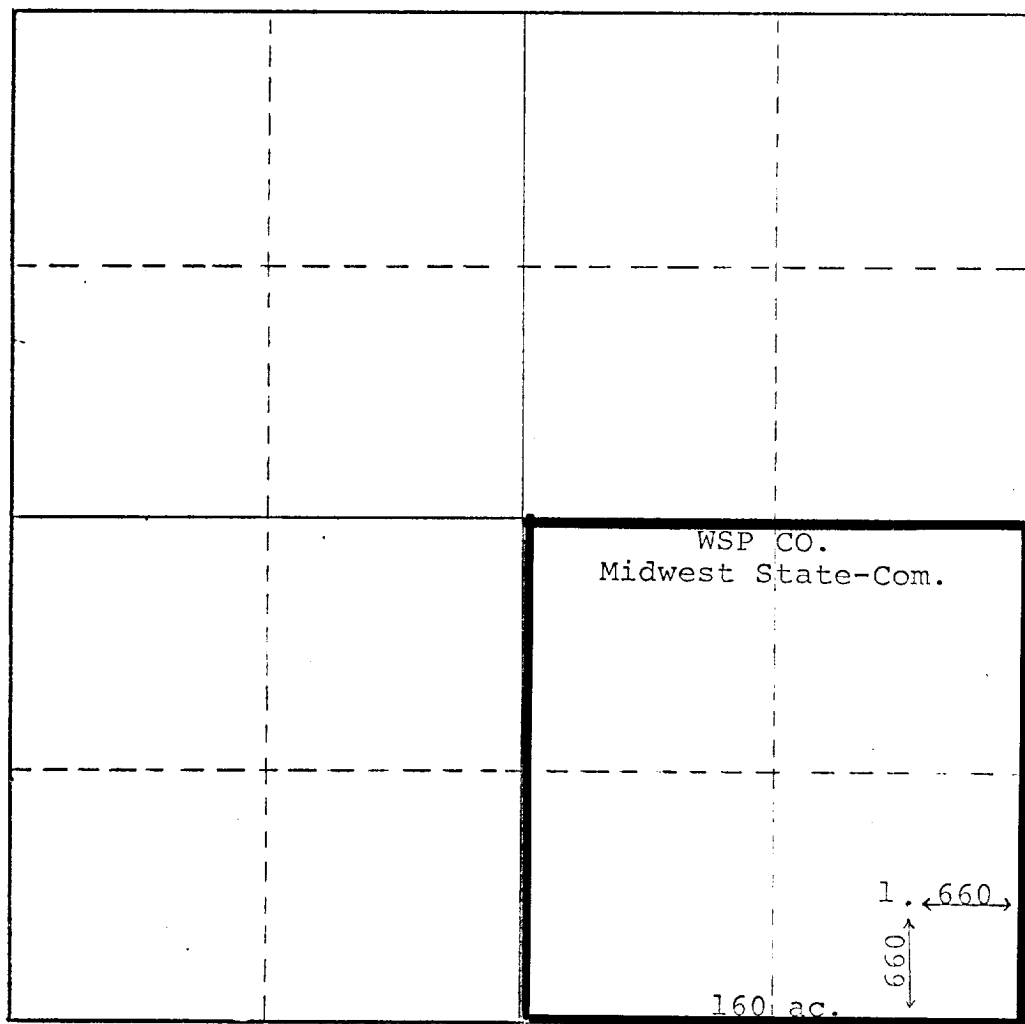
Operator <b>WESTERN STATES PRODUCING COMPANY</b>			Lease <b>Midwest State - Com.</b>		Well No. <b>1</b>
Unit Letter <b>P</b>	Section <b>35</b>	Township <b>13-S</b>	Range <b>32-C</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>660</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>East</b> line					
Ground Level Elev:	Producing Formation <b>Bough - C</b>		Pool <b>Baum - Upper Penn</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 communitization

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

Position

Operations Manager

Company

Western States Prod. Co.

Date

12-20-71

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

Registered Professional Engineer and/or Land Surveyor

Certificate No.

Certified plat will follow.

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OIL CONSERVATION COMM.  
HOBBS, N. M.