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DISTRIBUTION	DISTRIBUTION N MEXICO OIL CONSERVATION COMMISSION						
SANTA FE					Revised 1-1-65		
FILE .				SA.	Indicate Typ		
U.S.G.S.					STATE FEE X		
LAND OFFICE					State Oil & G	us L ease No.	
OPERATOR							
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
la. Type of Work						nt Name	
DRILL XX DEEPEN PLUG BACK							
b. Type of Well					Farm or Lease	> Name	
OIL GAS WELL XX O. HER ZONE X ZONE					Hannah		
2. Name of Operator					Well No.		
Adobe Oil & Gas Co	rmoration				1		
3. Address of Operator					10. Field and Rock or Wildcar		
1100 Western United Life Bldg., Midland, TX 79701					Austin-Mississippian Gas		
4. Location of Well H 1980 north							
4. Location of Well UNIT LETTER H LOCATED 1980 FEET FROM THE NORTH LINE							
AND 660 FEET FROM THE EAST LINE OF SEC. 17 TWP. 14S RGE. 36E NMPM							
AND 660 FEET FROM	THE COSC LIN				County	<i>XXXXXXXXXX</i>	
				//////	Lea		
<i>4444444</i>	/////////////////////////////////////	/////////////////////////////////////	/////////////////////////////////////	74444		HHHHH	
	<i>HHHHH</i>	/////////////////////////////////////	9. Proposed Depth 19	A. Formation	7777777	Rotary or C.T.	
						·	
			13,900 1 21B. Drilling Contractor	Miss. Lime		Rotary	
21. Elevations (Show whether DF,				2.			
3954 GLM	State	wide	Moranco		Nov. 15	, 19/8	
23.	Р	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CE	EMENT	EST. TOP	
17-1/2	13-3/8	68	365	450 sx		surface	
12-1/4	9-5/8	40	4660	1250 sx	1	2000	
7-7/8	5-1/2	17 & 20	13,900	1600 sx	i	8800	
7-778	3 1/2	17 4 20	13,300	1 2000 211	1		
					•		
a-bfor Double Cate INC (FOOO#) whiling a nine rame							
Schaefer Double Gate LMS (5000#) w/blind & pipe rams							
Schaefer (bag type	2) 5000#						
dut O		المعالمة ال	wat ha hwawalit f	wan tha ta	n of the		
**Cement on the intermediate casing must be brought from the top of the							
salt or annydrite to the surface casing. You can do this by either							
circulating the intermediate casing with cement, or a DV tool at the							
top o	of the salt.						
•							
IN ABOVE SPACE DESCRIBE PR	ROPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN O	OR PLUG BACK, GIVE DATA ON	PRESENT PRODUC	TIVE ZONE AN) PROPOSED NEW PRODU	
							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
Signed in Dictor	M.D. Roger	S _{Tule} Vice Pr	esident	Date	_ 10/30/	78	
(This space for	state Use)	-			B1034	9 1978	
(/	, 1 H	SUPERV	ISOR DISTRIC	T I	NUV	9 1310	
APPROVED BY DATE TITLE DATE							
CONDITIONS OF APPROVAL, WE	ANY						
// (**See Ab	ove					

