STATE OF NEW MEXIC		CONCERVATI	ON DIVISIO	S		27475	
ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISIO P. O. BOX 2088					Form C-101 Revised 10-1-78		
DISTRIBUTION SANTA FE, NEW MEXICO 87501					5A. Indicate	Type of Lease	
SANTA FE					STATE XX PEE		
FILE						.5. State Oil & Gas Lease No.	
U.S.G.S.					V-267		
LAND OFFICE OPERATOR					mm	umminini	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
ie. Type of Work						ment Name	
DRILL XX DEEPEN PLUG BACK							
b. Type of Well PLUG BACK					8. Farm or Lease Name		
WELL X OT GAS X OTHER SINGLE XX MULTIPLE ZONE					State 27		
2. Name of Operator					9. Well No.		
San Juan Oil Company & March 1988 1988							
3. Address of Operator						10. Field and Pool, or Wildcat	
705 S. Elgin, Tulsa, OK 74120						UNDESIGNATED	
4. Location of Well UNIT LETTER LOCATED 660 FEET FROM THE South LINE						KANAN KAN	
AND 660 FEET FROM THE WEST LINE OF SEC. 27 TWP. 14S RGE. 34E NMPM							
					12. County		
				//////X	Lea	44444	
19A. Formation permian 20, Fiotory or C.T.							
		///////////////////////////////////////	10 600		1		
21. Elevations (Show whether DF)	RT etc.) 121A Kind	& Status Plug. Bond 2	1B. Drilling Contractor	WOIICAME	Bough A	Rotary Date Work will stort	
4108 Ground	one w	1	S & T Drilling	Corp.	6-26-		
23.							
PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	+	WEIGHT PER FOOT SETTING DEPTH		 			
17 1/2	13 3/8	61# 400		500		Surface	
11	8 5/8	32#	4600			Surface	
7 7/8	5 1/2	17#	10,600	1300		5000'	
Drill a new well to 10,600' in order to evaluate the Permian Lower Wolfcamp Bough 'A' formation. BOP: 13 5/8" 5000 psi LWS Double (w/ pipe and blind rams); and 13 5/8" 5000 psi Rucker Annular preventor sketch. (See attached sketch.)							
		16			-		
		A Comment					
APPROVAL VALID FOR 180 DAYS PERMIT EXPIRES 1918 UNLESS DRILLING UNDERWAY							
IN ABOVE SPACE DESCRIBE PR	; ROPOSED PROGRAM: IF I	PROPOSAL IS TO DEEPEN OF	PLUG BACK, GIVE DATA ON	PRESENT PRO	DUCTIVE ZONE A	IND PROPOSED NEW PROD	
TIVE ZONE. GIVE BLOWOUT PREVENT	ER PROGRAM, IF ANY.						
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signed							
Signed Mount	(/xuy	Tule_Production	u reciliretan		Date		
(This space for	State Uses	SUPARY	ISOR DISTRIC	' '' '' '	ATE	W. I	
CONDITIONS OF APPROVAL, IS	ANY:						