NO. OF COPIES RECEIV	ED	]				HOB	Re		
DISTRIBUTION			NEW MEXICO OIL CONSERVATION COMMISSION OF FIGE Form C-101 10/19						
SANTA FE						Noy 1	2	evised 1-1-6	5
FILE						- 13	<i>u</i> - 1	Sin marcare	Type of Lease
U.S.G.S.							· · · · Ph	STATE	FEE K
LAND OFFICE	_						ľ		& Gas Lease No.
OPERATOR							Ļ	None	
L						_			
APPL	ICATIO	DN FOR PI	RMIT TO DR	ILL, DEEPEN	, OR PLUG	BACK			
la. Type of Work								7. Unit Agre	ement Name
DRILL DEEPEN DEEPEN PLUG BACK					None				
b. Type of Well		1						8. Farm or L	ease Name
OIL WELL	GAS WELL	<b>0</b> TI	IER		ZONE	M	ZONE	Elida	
2. Name of Operator								9. Well Nc.	
FRANKLI,	ri Ji Un	& FALLS	till.					I	
3. Address of Operator							13, Field and Pool, or Wildcat		
P. O. Box 1090, Poswell, New Mexico							Wildca	t	
4. Location of Well									
								///////	
AND 660 F	FEET FROM	THE Las	t LINE OF	SEC. 10	тир. 6-5	RGE. 3			
								12. County Roosev	eit
ttttttttt	ttttt	ttttttt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	i9. Proposed	Depth	19A. Formation		20. Rotary or C.T.
	IIIII				38301		Slaughter	•	Rotary
21. Elevations (Show u	hether DI	F, RT, etc.)	21A. Kind & S	atus Plug. Bond	21B. Drilling	Contractor		22. Approx	. Date Work will start
4447' GK			verna Drilling Co.			Dec.	1		
23. PROPOSED CASING AND CEMENT PROGRAM									

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
01d Well 17 1/4"	13 3/8		372'	4FO sax	Circ
12 1/4	9 5/6	32+	Set @ 3103' w/3	the sex shot and	pulled @ 1530'
3 5/3-			7517' 70		

The Gul? Ilida Unit No. 1 was dry and abandoned April 24, 1960 with the above described casing program. It is our intention to rementar the hole and, depending upon our ability to enter the 9.5/8" casing at 1530", set 5.1/2" casing at 3850" w/300 sax cement. The interval from 3650" to 3800" will be perforated with 1 shot per foot at selected intervals and acidized.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and o	complete to the best of my knowledge and belief.	
Signed Frant M. Smith	Tule Geclegi it	Date November 18, 1965
(This space fo <del>r Stat</del> e Use)		
T T		
APPROVED BY	5. FLE	DATE

CONDITIONS OF APPROVAL, IF ANY: