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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>				8. Farm or Lease Name D. B. Lieb et al	
2. Name of Operator William K. Young				9. Well No. 1	
3. Address of Operator 750 West Fifth Street, Ft. Worth, Texas 76102				10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE OF SEC. 20 TWP. 6S RGE. 37 E NMPM				12. County Roosevelt	
19. Proposed Depth 9000'				19A. Formation Granite	
20. Rotary or C.T. Rotary					
21. Elevations (Show whether DF, RT, etc.) Ground 4045		21A. Kind & Status Plug. Bond One well only		21B. Drilling Contractor M.G.F. Drilling Co.	
				22. Approx. Date Work will start As soon as approved	

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	40#	350'	450	Circulate
11	8 5/8	28#	3250'	350	2750' @50%
7 7/8	5 1/2	15.5/17/20	± 9000'	As required	

Propose to drill a Wildcat to test all zones with rotary tools to the granite. Cement will be circulated on surface casing and intermediate casing will be set in the San Andres. Plan to test all shows and evaluate with adequate logging program. Completion or abandonment will be performed in accordance with prudent practices and regulatory body requirements. A double ram series 900 BOP and choke manifold will be used from surface casing to total depth.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 1-3-74

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 A. H. Dinsmoor Title A. H. Dinsmoor, Dist. Supt. Date October 2, 1973

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: