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DISTRIBUTION	NEWN	NEW MEXICO OIL CONSERVATION COMMISSION					
SANTA FE					evised 1-1-65		
FILE				5	A. Indicate Typ		
U.S.G.S.					STATE	FEE X	
LAND OFFICE				.5	. State Oil & G	as Lease No.	
OPERATOR				_	mm	mmm	
		SDU L DEEDEN C	ND DI LIC DACK				
	N FOR PERMIT TO D	DRILL, DEEPEN, C	JR PLUG BACK		V. Unit Agreeme	ent Name	
la. Type of Work							
b. Type of Well		DEEPEN	PLUG B	ACK L F	3. Farm or Leas	e Name	
OIL X GAS WELL		SINGLE X MULTIPLE ZONE ZONE				A. G. BOYCE	
2. Name of Operator	WELL OTHER ZONE LA ZONE					9. Well No.	
ENSERCH EXPLORATION, INC.							
3. Address of Operator				1	10. Field and P	ool, or Wildcat	
7701 N. STEMMONS FWY., SUITE 800, DALLAS, TEXAS						WILDCAT	
4. Location of Well UNIT LETTER E LOCATED 1980 FEET FROM THE NORTH LINE							
DNII CEITE							
AND 660 FEET FROM	THE WEST LINE	or sec. 12 rv	NP. 65 RGE. 34	E NMPM	7///////	4444444	
				//////	12. County		
		<i>111111111</i>		<i>111111</i>	ROOSEVELT	HHHHH	
		444444	O Proposed Dooth	A. Formation	7777777), Rotary or C.T.	
		., ((((((((((((((((((((((((((((((((((((i P	RE-CAMBE), Notary of C.1.	
			8200 G 1B. Drilling Contractor	RANITE	Tag Approx D	ROTARY Oate Work will start	
21. Elevations (Show whether DF,	AMERICA	& Status Plug. Bond 2 AN INSURANCE 1534					
4290.2	G.L. No. 31/	1534	RIAL		10-14	- /9	
23.	PI	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP	
17½	13 3/8"	48#	350	300		CIRC SUR.	
12½	9 5/8"	36#	2000	1150		CIRC SUR.	
8 3/4	5½" or	17# or	8200	450		7000	
0 3/ 4	7"	2 6#	1	1			
	•						
	N SEARCH OF OIL.						
B.O.P. EQUIPME	NT ON SURFACE CAS	SING. AFTER SET	rting 9 5/8" casin	NG A 9 5/8	3'' x 10'' 50	000 PSI	
BRADENHEAD WILL	BE INSTALLED. A	10" 5000 PSI I	DOUBLE RAM HYDR	AULIC OPE	RATED B.	D.P. AND 10"	
3000 PSI ANULAE	B.O.P. WILL BE	INSTALLED. A	3000 PSI CHOKE M	ANIFOLD W	VILL ALSO !	BE INSTALLED.	
3000 1 31 7 (1027)		,					
BOVE SPACE DESCRIBE P		DRABACAL IS TO DESCREE	NU PING MACE GIVE DATA A	PRESENT PRA	DUCTIVE ZONE A	NO PROPOSED NEW PRODU	
BOVE SPACE DESCRIBE P	ROPOSED PROGRAM: IF TER PROGRAM, IF ANY.	PHOPOSAL IS TO DEEPEN (OR PLOU BACK, GIVE DATA OF				
y certify that the informat	ion above is true and com	plete to the best of my k	nowledge and belief.				
1	0 4/-	1		_	10 1	1 70	
anne	, Wage	Title SR. DF	RILLING SUPERVISO	R /	Date 10-1	1-79	
(This space for	State (i(e)	77				T 1 1 11 70	
(1.75)	1/11/	SIPPRV	TSOR DISTRIC	# Ja	W.	T111979;	