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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-10.
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"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>			Denton No. Wolf. Unit		
2. Name of Operator Mobil Oil Corporation			8. Farm or Lease Name <i>J-13</i>		
3. Address of Operator P. O. Box 633, Midland, Texas 79701			9. Well No. TD 13-7		
4. Location of Well UNIT LETTER <i>A</i> LOCATED <i>330</i> FEET FROM THE <i>East</i> LINE AND <i>990</i> FEET FROM THE <i>North</i> LINE OF SEC. <i>27</i> TWP. <i>14S</i> RGE. <i>34E</i> NMPM			10. Field and Pool, or Wildcat Denton <i>24-1</i>		
11. County Lea			12. County Lea		
19. Proposed Depth 9500		19A. Formation Wolfcamp		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 3820 Ground		21A. Kind & Status Plug. Bond On File		21B. Drilling Contractor Unknown	
22. Approx. Date Work will start					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

This well was originally drilled as Mobil's J. C. Maxwell #7 and completed in the Devonian formation. It was later plugged back and recompleted in the Pennsylvanian. It was temporarily abandoned on Feb. 1, 1968, which is the status it now holds. The Denton North Wolfcamp Unit has purchased this well and request permission to complete in the Wolfcamp pay.

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. D. Bond* A. D. Bond Title *Proration Staff Assistant* Date *January 18, 1972*

APPROVED BY *[Signature]* SUPERVISOR DISTRICT I TITLE *[Signature]* DATE *JAN 20 1972*

CONDITIONS OF APPROVAL, IF ANY: