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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 checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-7766	
7. Unit Agreement Name	
Lovington San Andres Unit	
8. Farm or Lease Name	
Lovington San Andres Unit	
9. Well No.	
No. 50	
10. Field and Pool, or Wildcat	
Lovington San Andres	
12. County	
Lin	
19. Proposed Depth	19A. Formation
5040'	San Andres
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	22. Approx. Date Work will start
Will be furnished later.	June 2, 1965

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/>	DEEPEN <input type="checkbox"/>
b. Type of Well	
OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>
OTHER Water Injection Well	
2. Name of Operator	
Skelly Oil Company	
3. Address of Operator	
Box 730 - Hobbs, New Mexico	
4. Location of Well	
UNIT LETTER "L"	LOCATED 1980
FEET FROM THE South LINE	
AND 660	FEET FROM THE West LINE OF SEC. 36
TWP. 14-S RGE. 36-E NMPM	
19. Proposed Depth	
5040'	
19A. Formation	
San Andres	
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	
Will be furnished later.	
21A. Kind & Status Plug. Bond	
Blanket Bond No. 1253688 for \$100,000.00	
21B. Drilling Contractor	
Not Selected	
22. Approx. Date Work will start	
June 2, 1965	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24.4	2000'	625	Surface
7-7/8"	4-1/2"	10.54	5040'	250	2000'

The Pump and Plug Process will be used in cementing all strings of casing and cement will be circulated to surface on the 8-5/8" OD casing. The 4-1/2" OD casing will be set at approximately 5040' and cemented with approximately 250 sacks. The 4-1/2" OD casing will be perforated and treated with approximately 1,500 gallons of Acid.

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 **(ORIGINAL) H. E. Aab** Title **Dist. Supt.** Date **May 25, 1965**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Cement must tie back

into **well** casing