NO. OF COPIES RECEIVED					21.10	5-7277	
DISTRIBUTION	NE	NEW MEXICO OIL CONSERVATION COMMISSION				2-1-27 1	
SANTA FE					Form C-101 Revised 1-1-6	55	
FILE		now a letter the second				5A. Indicate Type of Lease	
U.S.G.S.						FEE	
OPERATOR			- ,	1 14 67	.5. State Oil	& Gas Lease No.	
					mm	//////////////////////////////////////	
APPLICATI	ON FOR PERMIT TO	DRILL, DEEPEN,	OR PLUG BACK	·····			
la. Type of Work					7. Unit Agre	ement hame	
b. Type of Well DRILL X		DEEPEN	PLUC	васк			
or X GAS						ease 1, 12,8	
WELL WELL WELL 2. Name of Operator	OTHER	····	ZONE MU	ZONE ZONE	_ <u>J. ?.</u>	Stato	
•	iameon			i i	9. Weri No.		
J. C. Will 3. Address of Operator	10/15011				10 5 11		
726 Vaughn Bldg., Midland, Texas					10. Field and Pool, or Wildcat		
Location of Well P					mm	16 a c	
ONTI CETT	Lo	CATED_1700 F	EET FROM THE	LINE			
AND 1980 FEET FROM	M THE E LI	NE OF SEC. T	wp. 16 S RGE. 38	3 E NMPM	[[[[[]]		
					12. County	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4444444444	<i>HHHHH</i>	########	<i>HHHHH</i>		Lea		
			9. Proposed Depth	19A. Formation	7111111		
			13,000'	Devonia	1	20. Rotary or C.T.	
21. Elevations (Show whether DI	F, RT, etc.) 21A. Kind	& Status Plug. Bond 2	1B. Drilling Contractor	Sevenia		Rotary Date Work will start	
3714.4 DF	blank		ri-Service Dril	ling Co.	1	ber 26, 1967	
23.	F	PROPOSED CASING AND			<u></u>	20, 20, 1007	
SIZE OF HOLE				 			
17 1/2"	SIZE OF CASING	48#	SETTING DEPTH			EST. TOP	
וןן"	8 5/8"	32#	5000	400 300	,	circulate 4400'	
7 7/8"	5 1/2"	15 1/2 - 17#		650		12,000	
						12,000	
مخرد والرابات والجعين العجمة والجع	MARKE SHEET BY A	• 32*\$1 - 2006		APPROVA	L VALID		
FOR 90 D					YS UNITED		
DRILLING DRILLING					OMMERCES	2,	
CASING		1-68					
en e			EXPI		Commercial History	ung apur	
ABOVE SPACE DESCRIBE PRE ZONE. GIVE BLOWOUT PREVENTI	OPOSED PROGRAM: IF F	PROPOSAL IS TO DEEPEN OR	PLUG BACK, GIVE DATA ON	PRESENT PROD	UCTIVE ZONE A	ND PROPOSED NEW PRODUC	
ereby certify that the information	on above is true and comp	lete to the best of my kno	wledge and belief.				
ined MM	Amon	Title 0	perator	-	10/2	23/67	
//		1 1116		Da	ite		
(This space for S	sure (se)	ORIGINAL	S TO Part Part	ଂସ୍			
PROVED BY	•	SIGNED SE		und Med	KOV	3 1967	
NDITIONS OF APPROVAL, IF	ANY:	ENGLACE	\$ 14 MA	OA	TE		