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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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Alexander	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
UNDESIGNATED	
12. County	
Lea	
19. Proposed Depth	19A. Formation
11,000	Penn
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond
unknown	statewide
21B. Drilling Contractor	22. Approx. Date Work will start
unknown	April 8, 1968

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 checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>
OTHER <input type="checkbox"/>	
2. Name of Operator	
Charles B. Read	
3. Address of Operator	
P. O. Box 2126 Roswell, New Mexico 88201	
4. Location of Well	
UNIT LETTER J	LOCATED 1980 FEET FROM THE south LINE
AND 1980 FEET FROM THE east	LINE OF SEC. 29 TWP. 15S RGE. 36E NMPM
21. Elevations (Show whether DF, RT, etc.)	
unknown	
21A. Kind & Status Plug. Bond	
statewide	
21B. Drilling Contractor	
unknown	
22. Approx. Date Work will start	
April 8, 1968	

PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	12 3/4"	38#	415	350	Cir.
11"	8 5/8"	24#, 32#	4850	1000	To top of SA
7 7/8"	5 1/2"	14#, 15.5# & 17.5#	11,000	300	9100

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED.

7-2-68

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.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Charles B. Read Title Operator Date 3/29/68

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 3/29/68

CONDITIONS OF APPROVAL, IF ANY: