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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

JUN 11 11 24 AM '68

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 Scott	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildest	
12. County Lea	
19. Proposed Depth 10,500'	19A. Formation Wolfeamp
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4066.5 GL	21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Contract not let	22. Approx. Date Work will start On Approval

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Union Oil Company of California	
3. Address of Operator P. O. Box 671, Midland, Texas 79701	
4. Location of Well UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 11 TWP. 15-S RGE. 34-E NMPM	
23.	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11-3/4"	42#	350'	200	Surface
11"	8-5/8"	24# & 32#	4600'	400	2600'
7-7/8"	5-1/2"	15.5# & 17#	TD	400	7500'

6000 psi Double Hydraulic Preventers

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES

9-17-68

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.

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

Signed R.G. Ladd, Jr. District Drilling Supt. Date June 10, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: