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LAND OFFICE	
OPERATOR	

ended to change lease name.

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

JUL 17 9 26 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 Huber-Eiland	
9. Well No. 1	
10. Field and Pool, or Wildcat Undes. Morton W.C.	
12. County Lea	
19. Proposed Depth 10,550	19A. Formation Wolfcamp
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4061 GR	21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Moran Drilling Co.	
22. Approx. Date Work will start 7/22/68	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		2. Name of Operator Stelts & Company, Inc.	
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		4. Location of Well UNIT LETTER F LOCATED 2086 FEET FROM THE North LINE AND 2086 FEET FROM THE West LINE OF SEC. 12 TWP. 15 S RGE. 34 E NMPM	
21. Elevations (Show whether DF, RT, etc.) 4061 GR		21A. Kind & Status Plug. Bond Blanket	
21B. Drilling Contractor Moran Drilling Co.		22. Approx. Date Work will start 7/22/68	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	4.8#	380	Circ	
11	8 5/8	24#	4600	200	3815
7 7/8	4 1/2	11.6#	10,550	350	9015

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 *H. L. Smith* Title Agent Date 7/15/68

(This space for State Use)

APPROVED BY *John W. Runyan* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: