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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.	LG-2422

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator I. W. Lovelady		9. Well No. 1	
3. Address of Operator P. O. Drawer 2666 - Midland, Texas 79701		10. Field and Pool, or Wildcat Shoobar East	
4. Location of Well UNIT LETTER E LOCATED 1850 FEET FROM THE North LINE 660 FEET FROM THE West LINE OF SEC. 32 TWP. 16-S RGE. 36-E NMPM		12. County Lea	
19. Proposed Depth 11,500'		19A. Formation Wolfcamp	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3930.2 Gr	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor M-G-F Drilling Company	
22. Approx. Date Work will start Upon arrival			

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"	48#	400'	Circulate	Surface
11"	8-5/8"	32#	4400'	Suff to fill	Back to 1800
7-7/8"	5-1/2"	17# & 20#	13,300'	Suff to fill	300 above
Shallowest pay zone.					

Above well to be re-entered and cleaned out to $\pm 2400'$. Tie on to 8-5/8" casing. Then cleaned out to $\pm 11,295'$. Test Wolfcamp, if commercial, run 5-1/2" casing to T.D., perforate and treat formation as necessary to establish commercial production.

B.O.P. to be tested each 24 hours.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES **4-23-75**

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 *Barrie R. McCormick* Title Agent Date January 20, 1975

(This space for State Use)

APPROVED BY *[Signature]* TITLE SUP DATE JAN

CONDITIONS OF APPROVAL, IF ANY:

