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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.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work	
b. Type of Well OIL WELL <input 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 Remuda Oil & Gas Company	
3. Address of Operator 150 Mid-America Bldg., Midland, 79701	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>26</u> TWP. <u>16-S</u> RGE. <u>35-E</u> NMPM	
7. Unit Agreement Name	
8. Farm or Lease Name Stokes	
9. Well No. #1	
10. Field and Pool, or Wildcat Townsend - Abo	
12. County Lea	
19. Proposed Depth 9500	
19A. Formation ABO	
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) Unknown	
21A. Kind & Status Plug. Bond 10,000 Blanket	
21B. Drilling Contractor Unknown	
22. Approx. Date Work will start April 25, 1973	

23. (Plugging bond - Current)
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	350	Circ.
11"	8 5/8"	24 & 32#	4850	1000	3000
7 7/8"	4 1/2"	11.6	9500	300	7500

1. Drill 15" Hole to 350 Ft.
2. Set 11 3/4" Surface casing at 350 ft. & cement with 350 sacks, and WOC 12 hrs.
3. Install BOP.
4. Test 11 3/4" to 800 PSI for 30 minutes.
5. Drill 11" hole to 4850 ft.
6. Set 8 5/8" casing to 4850 ft. and cement with 1000 sacks.
7. Install well head and BOP.
8. Test casing to 1500 PSI for 30 minutes.
9. Drill 7 7/8" hole to 9500 feet and test ABO formation.
10. Complete well in ABO Section.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED
EXPIRES 7/26/73

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 L. E. Albrecht Title Vice President Date 4-19-73

(This space for State Use)
APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: