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DISTRIBUTION	T NEW 1	AEVICO OU CONSER	VATION COMMISSION	F	Form C-101		
SANTA FE	+- NEW A					·	
FILE	-	. 9				5A. Indicate Type of Lease	
U.S.G.S.	 				STATE		
LAND OFFICE						.5. State Oil & Gas Lease No. E-1186	
OPERATOR					\overline{m}	mmm	
		DOUL DEEDEN (OD DI LIC BACK				
	N FOR PERMIT TO I	DRILL, DEEPEN, C	JR FLUG BACK		7. Unit Agree	ement Name	
1a. Type of Work	_	F					
b. Type of Well		DEEPEN PLUG BACK X		8. Farm or Lease Name			
	1	•	SINGLE MULTI	PLE	Phil1	lips State	
OIL GAS WELL X 2. Name of Operator	OTHER		ZONEZ		9. Well No.		
	rief, Jr.					L-Y	
W. A. MOTIC 3. Address of Operator	rier, Jr.				10. Fied 100	appeal of Wildean #	
	uilding Ninth :	t Commerce. Fo	ort Worth, Texas	76102	Hume		
4. Location of Well	I	1675'	EET FROM THE SOUT	h LINE			
UNIT LETT	ER LOCA	A1EU	SET FROM THE COLUMN				
AND 6251 FEET FROM	THE EAST LINE	E OF SEC. 8 T	wp. 16S RGE. 34	E HMPM	7777777	<i>miiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</i>	
THIIIIIIII	THIIIIII.				12. County		
				777777	Lea	HHHHHm	
	THINITH						
				A. Formatio	7111111	20. Rotary or C.T.	
		//////////////////////////////////////				Workover unit	
		//////////////////////////////////////	PR 12475 GLM	Atoka		. Date Work will start	
21. Elevations (Show whether Di	, , ,		21B. Drilling Contractor	ico	1	7-23-79	
4129 GD	\$10,000	0 blanket	E & H Well Serv	ICE			
23.	P	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	EIGHT PER FOOT SETTING DEPTH SACKS		F CEMENT	EST. TOP	
	173" 13-3/8"		391'		420 sax		
11½"			44611		00 sax	 	
7-7/8"	8-5/8" 5½"		14,107 '	10	75 sax		
, .	-	l	i	1		•	
1. Well i	has depleted from	m present perfetal.	orations 12,580-	12,718	opposite	the	
2. Opera:	tor plans to set 6-12,401 KBM.	BP above all	old perfs and pe	rforate	Atoka s	and	
3. If Ato	oka completion a ove Atoka perfs	ttempt is not and perforate	successful; oper Lower Kemnitz 10	ator p1	ans to s	et 1.	
IN ABOVE SPACE DESCRIBE TIVE ZONE, GIVE BLOWOUT PREVE	PROPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN	OR PLUG BACK, GIVE DATA O	N PRESENT P	RODUCTIVE ZOI	IE AND PROPOSED NEW PROD	
I hereby certify that the information	ation above is true and cor	nplete to the best of my	knowledge and belief.				
	Thernton)		ration Manager		Date 7	-27-79	
Signed Alwey 6.	S. C. V. V.						
(This space)	for State Use)	,	1. 1		r. [±] •	HI GA IASG	

SUPERVISOR DISTRICT

JUI 30 1979

CONDITIONS OF APPROVAL, IF ANY