

30-025-27443

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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.	
OG 5119	

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. Form or Lease Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		Lea "LL" State	
2. Name of Operator		9. Well No.	
Gulf Oil Corporation		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 670, Hobbs, NM 88240		Maljamar	
4. Location of Well		12. County	
UNIT LETTER <u>F</u> LOCATED <u>2100</u> FEET FROM THE <u>North</u> LINE		Lea	
AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>32</u> TWP. <u>17S</u> RGE. <u>32E</u> NMPM			
19. Proposed Depth		19A. Formation	
4200'		Grayburg San Andres	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start	
3898' GL		8-1-81	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
--		Unknown	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	450'	400	circ
7-7/8"	5 1/2"	15.5#	4200'	600	circ

Drilling Mud:

0' - 450'
450' - 4200'FW Spud Mud
Brine Water

See Attached BOP Drawing #2

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/3/81
UNLESS DRILLING UNDERWAY

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. C. Anderson Title Area Production Manager Date 6-2-81

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JUN 3 1981

CONDITIONS OF APPROVAL, IF ANY: