٠,	n 95	200	-17
40	-025	284	سنہ لا

				. 4	0 - 02	1970 8402	
NO. OF COPIES RECEIVED	<del>,  </del>						
DISTRIBUTION SANTA FE	NEW	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-101 Revised 1-1-65		
FILE	+-			Г	5A. Indicate	Type of Lease	
U.S.G.S.				1	STATE [	FEE [	
LAND OFFICE				ļ.	.5. State Oil & Gas Lease No.		
OPERATOR					B - 9683		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1a. Type of Work					7. Unit Agreement Name		
DRILL X	DRILL DEEPEN PLUG BACK				Anderson Ranch Unit		
b. Type of West					8. Form or Lease Name Anderson Ranch Unit		
2. Name of Operator	OTHER	OTHER ZONE ZONE				9. Well No.	
CONOCO INC.					19		
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240					Devonian		
4. Location of Well UNIT LETTER E LOCATED 1980 FEET FROM THE NOT THE LINE							
				The state of the s			
AND 660 PEET FROM	THE WEST LIN	E OF SEC.	TWP. 165 RGE. 32	NAME OF	12. County	<i>m######</i>	
					Lea		
HHHHHHH	HHHHHH	HHHHHH	HHHHHH	14444	iiiiii	HHHHHI	
				A. Formation	i	20. Rotary or C.T.	
				Devon	<del></del>	Rotary	
21. Elevations (Show whether DF,	· · · · · · · · · · · · · · · · · · ·	, , ,	21B. Drilling Contractor			Date Work will start	
4302' - GL	Blan	KEI	unknown		12	-1-84	
23.  PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT		SACKS OF		EST. TOP	
17 /2"	1338"	48 <sup>#</sup>	500'	400		Circ.	
77/8"	95/8"	17 <sup>tt</sup>	4200'	2475 3030		Circ.	
7 /8	5/2	17 "	13,700	3030	3X	C176.	
It is prop	osed to	drill a	straight h	ole t	to a	Tb	
of 13,700' and complete as a single bevonian							
			•	,	•		
oil weil.	Attache	ed 15 / a	lease pla	t and	d Bo	op specs.	
		" Lik					
APPROVAL VALID FOR 180 DAYS PERMIT EXPIRES 474785 UNLESS DRILLING UNDERWAY							
PERMIT EXPIRES 414183							
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 WM A. Ti	thefield	Title Administr	ative Supervisor		ate 0	-1-84	
(This space for	State Use					CT - 4 1984	
	igd by leary sexte Lisuberhoo	*		_	DATE	UI - 4 1304	
CONDITIONS OF APPROVAL, IF		TITLE		<u> </u>			

RECEIVED

OCT - 2 1984

HORSE CARCE