NO. OF COPIES REC	EIVED						
DISTRIBUTIC	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION					Form C-101	
SANTA FE						Revised 1-1-6	
FILE							Type of Lease
U.S.G.S.						STATE	
LAND OFFICE						5. State Oil	& Gas Lease No. 5 35
OPERATOR							
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						7. Unit Agreement Name	
1a. Type of Work						7. Unit Agre	ement Name
	DRILL		DEEPEN		PLUG BACK 🚺	8. Farm or L	ageo Name
b. Type of Well					MULTIPLE		te "405"
OIL WELL	GAS WELL	OTHER		ZONE	ZONE	9, Well No.	
2. Name of Operator //elleann T.G.MCCOY						1	
3. Address of Operat	tor					1	d Pool, or Wildcat
	P.O. BOX	1352	ROSWELL, NEW MEXIC	0 88201		Field	Wildcat
4. Location of Well	UNIT LETTER	C	LOCATED 660	FEET FROM THE	North		
and 1980	FEET FROM THE	West	LINE OF SEC. 27	тwp. 1 8 S	RGE. 35 E NMPM	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				/////////		12. County	
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<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	********	<i>HHHH</i>	*******	19. Proposed De	epth 19A. Formati	 cn	20. Rotary or C.T.
				6700 ft			Workover
21. Elevations (Shou	whether DF, RT,	etc.) 214	A. Kind & Status Plug, Bond	213. Drilling Contractor		22. Approx. Date Work will start	
3893' 6	6.L.		One Well	Clark Well Service		On Approval	
23. PROPOSED CASING AND CEMENT PROGRAM							

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT			EST. TOP
8-3/4"	7"	24# & 32#	5100	200	5500"

It is proposed to re-enter the captioned well and cleanout to 5200 ft. and run 7" casing as stated above and connect to existing 7" casing cutoff, pressure test casing.The 7" will be perforated at approximately 6600 ft. and 200 sx. cement squeezed thru perforations.The Delaware section between 5900 and 6500 feet will be perforated and treated to establish production.If production is not obtained the 7" casing will be cut off and pulled and the zones tested will be plugged as required, a plug will then be set at the base of the 9-5/8" and the Queen section between 4550 and 4950 ft. will be plugged as required.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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 M. B. M. Car	Title	Operator	Date	12-1-70			
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TOTLE_	SUPERVISOR DISTRICT	DATE_	<u></u>			