

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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-3914	

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. Farm or Lease Name State land	
2. Name of Operator United States Smelting Refining and Mining Company		9. Well No. 1	
3. Address of Operator Post Office Box 1877, Midland, Texas 79701		10. Field and Pool, or Wildcat Task Strawn	
4. Location of Well UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE OF SEC. 32 TWP. 18-8 RGE. 32E NMPM		12. County Lee	
19. Proposed Depth 11,500		19A. Formation Strawn	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond BY 203543		21B. Drilling Contractor	
22. Approx. Date Work will start April 22, 1965			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	650'	650	Circulated
11"	8 5/8"	32#	3200'	750	800'
7 7/8"	5 1/2"	15# & 17#	11,300'	300	9600

Drill a well to test the Strawn Formation. Operator will use good drilling practice and take cores and drill stem tests whenever warranted.

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 *[Signature]* Title **Manager of Production** Date **April 15, 1965**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: