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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 16 11 30 AM '66

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.	
E-1816	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Gallagher-State	
2. Name of Operator PENNZOIL COMPANY		9. Well No. 1	
3. Address of Operator 1007 Midland Savings Building, Midland, Texas		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>3</u> TWP. <u>17</u> RGE. <u>34</u> NMPM		12. County Lea	
19. Proposed Depth 11,000		19A. Formation Pennsylvanian	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4060.8 GL	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor	22. Approx. Date Work will start November 19, 1966

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½	13-3/8"	48	350'	300	Circulate
11	8-5/8"	32 & 36	3500'	750	1000
7-7/8	5½"	17 & 20	11,000'	Tie back to	intermediate.

APPROVAL VALID
60 DAYS UNLESS
EXTENDED BY ADDITIONAL
EXPIRES 11-17-67

ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION 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.

Signature: [Signature] Title: Drilling Superintendent Date: Nov. 14, 1966

(This space for State Use)

APPROVED BY: [Signature] TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: