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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease: STATE [X] FEE [ ]

5. State Oil & Gas Lease No.: B-1520

7. Unit Agreement Name:

8. Farm or Lease Name: Bridges State

9. Well No.: 122

10. Field and Pool, or Wildcat: Undesignated

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

2. Name of Operator: Mobil Oil Corporation

3. Address of Operator: P. O. Box 633 - Midland, Texas 79701

4. Location of Well: UNIT LETTER I LOCATED 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE OF SEC. 3 TWP. 17S RGE. 34E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
11,000'	Wolfcamp	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
4,059' GR	On File		April 27, 1967

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	10-3/4"	32.75#	400'	Circulate	Surface
9-7/8"	7-5/8"	26.40#	4,800'	Circulate	Tie-in w/Surf. Csg
6-3/4"	5-1/2" (Liner)	17#	10,700'	Circulate	Tie cement in w/ Intermediate Csg. 4600' - TD.

MUD PROGRAM

0' - 400'	Spud Mud
400' - 4,800'	Fresh water to top of salt, then brine water, add Flosal, Drispac and oil as needed.
4,800' - TD	Fresh water low solids gel. Wt. 8.5-9.6, Vis. 33-45, pH 9.

LOGGING PROGRAM

BHC Sonic-GR-Caliper	0' - 10,800'
SNP	9,800' - 10,800'
Laterolog w/SP	4,600' - 10,800'

EXPIRES

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 B. J. Tibbets Title Operations Engineer Date April 21, 1967

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: