

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. B-1520
7. Unit Agreement Name
8. Farm or Lease Name Bridges State
9. Well No. 141
10. Field and Pool, or Wildcat Undesignated
11. County Lea
17. Proposed Depth 8700
18A. Formation Abo
20. Rotary or C.M. Rotary
21. Elevations (Show whether DT, RI, etc.) 4037 G.L.
21A. Kind & Status Plug Bond On File
21B. Drilling Contractor Unknown
22. Approx. Date Work will start August 15, 1970

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER SINGLE ZONE 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 D LOCATED 660 FEET FROM THE North LINE
AND 860 FEET FROM THE West LINE OF SEC. 14 TWP. 17-S RGE. 34-E NMPM

21. Elevations (Show whether DT, RI, etc.)
4037 G.L.

21A. Kind & Status Plug Bond
On File

21B. Drilling Contractor
Unknown

22. Approx. Date Work will start
August 15, 1970

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	20#	1200		
12-1/4	8-5/8	24#	1650	Circulate	Surface
7-7/8	5-1/2	15.5#	1043		
7-7/8	5-1/2	14.0#	5374		
7-7/8	5-1/2	15.5#	7049		
7-7/8	5-1/2	17.0#	8651	Circulate	Above San Andres zone est. @
7-7/8	5-1/2	17.0#	8700		4640'

Mud Program

- 0 - 1650 Spud Mud
- 1650 - 8000 Brackish Water
- 8000 - 8700 Brackish Water, Flosal and Oil as needed to clean hole and obtain samples

Logging Program

- 2800 - 8200 - Laterolog
- 2800 - 8700 - Sidewall Neutron - GR Col.

16-36-70

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 A. D. Bond A. D. Bond Title Proration Staff Assistant Date July 28, 1970

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: