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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.	
NM 37723	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well	
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"/>	
2. Name of Operator	
Amini Oil Company	
3. Address of Operator	
405 Wall Towers East - Midland, Tx. 79701	
4. Location of Well	
UNIT LETTER <u>F</u> LOCATED <u>2180</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>1</u> TWP. <u>17-S</u> RGE. <u>34-E</u> NMPM	
7. Unit Agreement Name	
8. Farm or Lease Name	
Exxon State "B"	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Vacuum Abo North	
12. County	
Lea	
19. Proposed Depth	
8800'	
19A. Formation	
Abo	
20. Rotary or C.T.	
Rotary	
21. Elevations (Show whether DF, RT, etc.)	
4039 GR	
21A. Kind & Status Plug. Bond	
Blanket on File	
21B. Drilling Contractor	
Unknown	
22. Approx. Date Work will start	
As soon as contractor	

23. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	12-3/4"	48#	370'	500	Surface
11"	8-5/8"	24 & 32#	3000'	200	2600'
7-7/8"	5 1/2"	11.6#	8800'	1500	2700

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 11-8-73

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 Harin Godwin Title Agent Date Aug. 3, 1973
(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: