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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. E-754
7. Unit Agreement Name
8. Farm or Lease Name Cities Service-State
9. Well No. 1
10. Field and Pool or Wildcat North Vacuum Abo
12. County Lea
19. Proposed Depth 9,000'
19A. Formation Abo
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 4038.3' GL
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor KKA Drilling Company
22. Approx. Date Work will start 5/22/75

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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator K. K. Amini	
3. Address of Operator 204 Gulf Building, Midland, Texas 79701	
4. Location of Well UNIT LETTER P LOCATED 660 FEET FROM THE South LINE AND 460 FEET FROM THE East LINE OF SEC. 2 TWP. 17S RGE. 34E NMPM	
23.	


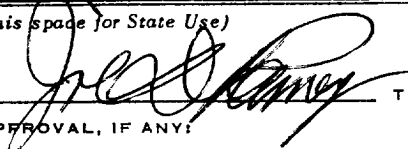
PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	28#	2,000' *	400 sks	Circulate
7-7/8"	4-1/2"	11.60 & 10.50#	9,000'	30 sks	7,000'

* Must be set & cemented before drilling into soft section

REMOVAL PAID
FOR 30 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 8-19-75

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 	Title Comptroller	Date May 16, 1975
(This space for State Use)		
APPROVED BY 	TITLE SUPERVISOR DISTRICT I	DATE MAY 16 1975
CONDITIONS OF APPROVAL, IF ANY:		