		_					
NO. OF COPIES RECEIVED		مديمت بيمانيين	SVATION COMMEC	3 N	Form C-101		
DISTRIBUTION	NEW	NEW MEXICO OIL CONSERVATION COMMISSION				5	
SANTA FE					5A. Indicate	Type of Lease	
FILE					STATE	X FEE	
U.S.G.S.					5. State Oil	& Gas Lease No.	
LAND OFFICE						B 1520	
OPERATOR			~ 4		TITTE		
ABBLICATIO	N FOR PERMIT TO	DRILL DEEPEN	OR PLUG BACK				
Ia. Type of Work	M TOR I EIGHT TO	DRILL, DELI LIV,	OIC / EGO D/ G/C		7. Unit Agre	ement Name	
		<u></u>					
b. Type of Well DRILL X	DRILL X DEEPEN PLUG BACK L					8. Farm or Lease Name	
	· · · · · · · · · · · · · · · · · · ·				State Bridges		
2. Name of Operator	DTHER		2046 120	ZUNL	9. Well No.		
	il Company Inc				105		
Socony Mobil O 3. Address of Operator	LL Company Inc	<u> </u>	***************************************			d Pool, or Wildcat	
Pox 1800, Hobb					Undesi	gnated Glorieta	
	ER A LOC	650 -	No	rth LINE	THIN		
UNIT LETTE	.R LOC	A160 F	EET PROM THE	Y: LIME			
AND 500 FEET FROM	THE East LIN	e of sec. 26	WP. 17S RGE.	34E NMPM	IIIIII		
THITTHINT THE	inninning.			777777	12. County		
	Hillilliin				Lea		
HHHHITTI	HHHHH	THINIT.					
					7111111		
			9. Proposed Depth	19A. Formatio	n	20. Rotary or C.T.	
			6200 '	Gloriet		Rotary	
21. Elevations (Show whether DF	· •	i	21B. Drilling Contracto		22. Approx	. Date Work will start	
4010 GL	On f	ile	Notify on C-10	3			
23.	P	PROPOSED CASING AND	CEMENT PROGRAM				
0.75 05 . 0.5	CITE OF CICIO	WEIGHT BED FOOT	CETTING DED	H SYCKE O	F CEMENT	EST. TOP	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT SETTING DEPT		90		Circ.	
12 1/4 7 7/8	8 5/8 4 1/2	24# 9•5#	6200	180		Tie cement in	
	4 1/2	<u> </u>	- 0250	100	<u> </u>	w/surface pipe	
			-			my surrace proc	
						•	
N ABOVE SPACE DESCRIBE PI	OODOSED BROCKANIES	PROPOSAL IS TO DEEPEN	DP PING BACK GIVE DAT	ON PRESENT PE	ODUCTIVE ZON	E AND PROPOSED NEW PRODU	
N ABOVE SPACE DESCRIBE PI IVE ZONE. GIVE BLOWGOY PREVENT	TER PROGRAM IF ANY.	PROPOSAC 13 TO DEEPEN C	DR FEUE BACK, GIVE BASS				
hereby certify that the miormat	on above is true and com	plete to the heat of my k	mowledge and belief.				
V \ ha_ d/	6.	~	•		_	0 (5	
Signed	my	Tule Group S	Supervisor		Date3	- 8-65	
(This space for	State Use)						
V V (1.11.2.5)							
APPROVED BY		_ TITLE		·	DATE		

CONDITIONS OF APPROVAL, IF ANY: