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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBBS OFFICE O.C.C.

MAR 7 7 56 AM '66

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 4118	
7. Unit Agreement Name	
8. Farm or Lease Name Phillips - State	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat WC	
12. County Lea	
19. Proposed Depth 6300	19A. Formation Glorietta
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4091	21A. Kind & Status Plug. Bond Blanket - Current
22. Approx. Date Work will start March 20, 1966	

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"/>	
2. Name of Operator H. C. Hood	
3. Address of Operator Box 524, Midland, Texas	
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE North LINE AND 1805.7 FEET FROM THE West LINE OF SEC. 30 TWP. 17-S RGE. 34-E NMPM	
21. Elevations (Show whether DF, RT, etc.) 4091	
21A. Kind & Status Plug. Bond Blanket - Current	
21B. Drilling Contractor	
22. Approx. Date Work will start March 20, 1966	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
8 3/4"	7	20	1500	400	Circulate
6 1/4"	4 1/2"	9.5 & 10.5	6300	300	2600

Drill to Gloriëta at approximately 6200 feet, drill stem test Gloriëta and log hole.

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 [Signature] (Title) **Agent** Date **March 4, 1966**
(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: