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NEW MEXICO OIL CONSERVATION COMMISSION
N.M.C.C.

JUN 25 11 35 AM '68

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. 127	
10. Field and Pool, or Wildcat Vacuum	
12. County Lea	
19. Proposed Depth 4900'	19A. Formation Grayburg, San And.
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4030' GL	21A. Kind & Status Plug. Bond On File
21B. Drilling Contractor --	22. Approx. Date Work will start 6-26-68

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Mobil Oil Corporation	
3. Address of Operator P. O. Box 633, Midland, Texas 79701	
4. Location of Well UNIT LETTER M LOCATED 600 FEET FROM THE south LINE AND 560 FEET FROM THE west LINE OF SEC. 24 TWP. 17 S RGE. 34 E NMPM	
19. Proposed Depth 4900'	
19A. Formation Grayburg, San And.	
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4030' GL	
21A. Kind & Status Plug. Bond On File	
21B. Drilling Contractor --	
22. Approx. Date Work will start 6-26-68	

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"	24#	1600'	Circ.	Surface
7-7/8"	5-1/2"		TD	Circ.	Tie in with surface Csg.

MUD PROGRAM

0' - 1600' Spud Mud
1600' - 4300' Brine
4300' - TD Salt Gel & Oil

LOGGING PROGRAM

1600' - TD BHC Sonic-Gamma Ray
1600' - TD Lateralog-Gamma Ray
Zone of Int. PDC Log

9-27-68

8/5/68

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 Title Proration Staff Assistant Date June 24, 1968

(This space for State Use)

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