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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. B 1429	
7. Unit Agreement Name	
8. Farm or Lease Name Midway State	
9. Well No. 2	
10. Field and Pool, or Wildcat Undesignated	
12. County Lea	
19. Proposed Depth 11,750'	19A. Formation Devonian
20. Rotary or C.T. Rotary	21. Elevations (Show whether DF, RT, etc.) Unknown
21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor McVay Drilling Co.
22. Approx. Date Work will start On Approval	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Union Oil Company of California	
3. Address of Operator P. O. Box 671, Midland, Texas 79701	
4. Location of Well UNIT LETTER B LOCATED 810 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 12 TWP. 17 S RGE. 36 E N14PM	
5. Proposed Depth 11,750'	
6. Formation Devonian	
7. Rotary or C.T. Rotary	
8. Elevation (Show whether DF, RT, etc.) Unknown	
9. Kind & Status Plug. Bond Blanket	
10. Drilling Contractor McVay Drilling Co.	
11. Approx. Date Work will start On Approval	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	11-3/4"	42#	450'	300	Surface
11"	8-5/8"	24# & 32#	450'	100	2650'
7-7/8"	5-1/2"	17# & 20#	11750'	700	6500'

6000 Psi Double Hydraulic Preventers

4-2-69

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 R.C. Ladd, Jr. District Drilling Supt. Date December 30, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JAN 2 1969

CONDITIONS OF APPROVAL, IF ANY: