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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-1520	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		--	
b. Type of Well		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Bridges State	
2. Name of Operator		9. Well No.	
Mobil Oil Corporation		129	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 633, Midland, Texas 79701		Undesignated	
4. Location of Well		12. County	
UNIT LETTER <u>B</u> LOCATED <u>860</u> FEET FROM THE <u>North</u> LINE		Lea	
AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>23</u> TWP. <u>17S</u> RGE. <u>34E</u> NMPM			
		19. Proposed Depth	
		8700	
		19A. Formation	
		Abo	
		20. Rotary or C.T.	
		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
4028 G.L.		On File	
		21B. Drilling Contractor	
		--	
		22. Approx. Date Work will start	
		April 10, 1969	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	20#	1650	Circulated	Surface
7-7/8"	4-1/2"	9.5# & 11.6#	8700	Circulated	Tie-In w/Surf. Casing

MUD PROGRAM

0 - 1600' - Spud Mud
1650 - TD Brine & Oil

LOGGING PROGRAM

0 - 8700 - GR-Neutron

CASING

APPROVAL VALID
FOR 10 DAYS UNLESS
EXTENDED
EXPIRES 7-7-69

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 A. D. Bond A. D. Bond Title Proration Staff Assistant Date April 3, 1969

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: