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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-4-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-4118	

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Phillips Lea	
2. Name of Operator SOHIO PETROLEUM COMPANY		9. Well No. 7	
3. Address of Operator P.O. Box 3167, Midland, Texas 79701		10. Field and Pool, or Wildcat Vacuum, Grayburg-San Andre	
4. Location of Well UNIT LETTER C LOCATED 990 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 31 TWP. 17S RGE. 34E NMPM		12. County Lea	
19. Proposed Depth 4850		19A. Formation San Andres	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4088 G.L.	
21A. Kind & Status Plug. Bond \$10,000 Blanket		21B. Drilling Contractor Cactus Drilling Co.	
22. Approx. Date Work will start May 20, 1970			

## 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 X 42	350	275	Circulate
7-7/8	4-1/2	15.1	4850	150 sks. 4% gel Incor & 150 sks. Incor	3100

Surface casing will be tested for 30 min. @ 600 psi or greater. Production casing will be tested @ 1500 psi or greater for 30 min. Casing will be set thru the pay, perforated, and sandfraced.

APPROVAL VALID  
FOR 10 DAYS UNLESS  
RENEWED OR COMMENCED,

DATE 8-18-70

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 C. P. Shoffstall Title Asst. District Superintendent Date May 15, 1970

(This space for State Use)

APPROVED BY

TITLE

SUPERVISOR DISTRICT

DATE

MAY 18 1970

CONDITIONS OF APPROVAL, IF ANY: