

30-025-27705

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 14-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. 97654

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Union Oil Company of California		8. Farm or Lease Name Smith
3. Address of Operator P.O. Box 671 Midland, Texas 79702		9. Well No. 1
4. Location of Well UNIT LETTER J LOCATED 1,980 FEET FROM THE South LINE AND 1,980 FEET FROM THE East LINE OF SEC. 25 TWP. 19-S RGE. 33-E 11MPM		10. Field and Pool, or Wildcat (East Gem Morrow) Undesignated
		12. County
19. Proposed Depth 13,600'		19A. Formation Morrow
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 3,620.5' GL	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Unknown
22. Approx. Date Work will start Upon approval		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	1,350'	1,100	Surface
12-1/2"	9-5/8"	36#	5,400'	3,500	Surface
7-7/8"	5-1/2"	17#	13,600'	1,500	3,000

5,000# WP Hydraulic BOP to Intermediate Casing
3,000# WP BOP to Total DEPTH

GAS IS NOT DEDICATED

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 7/11/82
UNLESS DRILLING UNDERWAY

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 J.R. Hughes Title District Drilling Supt. Date January 7, 1982

(This space for State Use)
Date Signed by

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: