NO. OF COPIES RECEIVED	i				211	and an
DISTRIBUTION	NEW	MEXICO OIL CONSER	RVATION COMMISSION	N	orm C-101	-
SANTA FE				-	Revised 1-1-6	
FILE	UPI	g & 4ec: NMOCC	Berg	197	_	Type of Lease
U.S.G.S.		LCC: H. E.	Berg	99 99 P	STATE	FEE
LAND OFFICE		lcc: R. H.	Coe		5. State Oil	& Gas Lease No.
OPERATOR		lcc: File		Ļ	*****	
			<u> </u>			
APPLICAT						
1a. Type of Work					7. Unit Agre	ement Name
DRILL	X	DEEPEN	PLUG E	заск 🗍 🖣		
b. Type of Well GAS					8. Farm or L	ease Name
WELL WELL	OTHER VIL	er Injection		ZONE		Remont Unit
2. Name of Operator	water 011 Company				9. Well No.	_
		918				
3. Address of Operator		1	-1 -			d Pool, or Wildcat
	. Box 249, Hobbs	, New Mexico 88	2410		Eumon	t
4. Location of Well UNIT LE	TTER LO	CATED 1882 FE	EET FROM THE South	LINE		
				1		
AND 1980 FEET FR	OM THE West LI	NE OF SEC.	<u>NP. 20-8. RGE. 37</u>	-R NMPM	innn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				///////	12. County	
				<i>HHHH</i>		<i>()/////////////////////////////////</i>
			9. Proposed Depth	9A. Formation	///////	20. Rotary or C.T.
						•
21. Elevations (Show whether		l & Status Plug. Bond 2	3900 X 1B. Drilling Contractor	ates Sev	m River	S Rotery Date Work will start
,					22. Approx	. Date Work will start
3586 Ground	Blank	et w/St. Paul	Contract Not	Let	When	Permit Received
23.	Indemn	PROPOSED CASING AND	CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP
10-5/8*	7-5/8*	24	400	22	5	Surface

			•=••••	directe et elinaiti	
10-5/8*	7-5/8*	24#	400	225	Surface
6-3/4"	4-1/2"	0.5	3900	Volume to be d	etermined by
• •	-,-		•••		o tie back in to
	ł	I	I	Base of Salt.	ł

It is planned to drill to 400', set 7-5/8" casing and circulate cement to surface. Drill out to 3900', set 4-1/2" casing and cement back to base of salt. Run Gemma Ray-Neutron Logs and complete by perforating the Queen formation. Acidize and sand-oil fracture. Equip for water injection well in waterflood project area.

APPROVAL VALUE FOR VE DAYS UNLESS IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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.

Original Signed By Signed ______ C. L. WADE ______ Title ____ Area Superintendent _____ Date _____ B-24-67 ______ (This space for State Use) APPROVED BY ______ TIFUE ______ DATE ______ CONDITIONS OF APPROVAL, TF ANY: