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NEW MEXICO OIL CONSERVATION COMMISSION

Orig & 5cc: NMOC
lcc: G. H. Truman
lcc: J. E. Pierce
lcc: File

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.
7. Unit Agreement Name
8. Farm or Lease Name East Ement Unit
9. Well No. 856
10. Field and Pool, or Wildcat Ement
12. County Lea
19. Proposed Depth 3900
19A. Formation Yates Seven Rvrs.
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3630' GL
21A. Kind & Status Plug. Bond Blanket w/St. Paul
21B. Drilling Contractor Contract Not Let
22. Approx. Date Work will start When Permit Received

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection					
2. Name of Operator GETTY OIL COMPANY					
3. Address of Operator P. O. BOX 249, BOHNS, NEW MEXICO 88240					
4. Location of Well UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE OF SEC. 22 TWP. 19S RGE. 37E NMPM					
23.					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	7-5/8"	24#	400	275	Surface
6-3/4"	4-1/2"	9.5#	3900	240*	Base of Salt
* Volume to be determined by fluid survey					

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 Gamma Ray-Neutron Logs and complete by perforating the Queen formation. Acidize and sand-water fracture. Equip for water injection well in waterflood project area.

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.

ORIGINAL SIGNED BY: Signed C. L. Wade Title Area Superintendent Date 2-25-69

(This space for State Use)

APPROVED BY: [Signature] TITLE Area Superintendent DATE 2-25-69

CONDITIONS OF APPROVAL, IF ANY: