APPLICATION  APPLICATION  Type of Work  Type of Well OIL GAS WELL Name of Operator  Address of Operator  Location of Well UNIT LETTER	OTHER NOT.	DRILL, DEEPEN  DEEPEN  DEEPEN  DEEPEN  DEEPEN  ATED  810	E. Prerce  OR PLUG BACK  PLUG  SINGLE MUI ZONE ROLL  TWP. 103 RGE. 3	BACK	7. Unit Agree  8. Farm or Le  9. Well No.	Type of Lease  FEE  Gas Lease No.  ement Name
DISTRIBUTION  ANTA FE  ILE  .S.G.S.  AND OFFICE PERATOR  APPLICATION  Type of Work  Type of Well OIL WELL Name of Operator  Address of Operator  Location of Well UNIT LETTER  D FEET FROM TH	OTHER NOT.	DRILL, DEEPEN  DEEPEN  DEEPEN  DEEPEN  DEEPEN  ATED  810	OR PLUG BACK  PLUG  SINGLE MUI  ZONE RET FROM THE ROCK  TWP. 198 RGE. 3	BACK LIPLE LINE	7. Unit Agree  8. Farm or Le  9. Well No.	Type of Lease  FEE  Gas Lease No.  Ement Name  Page Name
ANTA FE  ILE  S.G.S.  AND OFFICE PERATOR  APPLICATION  Type of Work  Type of Well OIL GAS WELL  Name of Operator  Address of Operator  Location of Well UNIT LETTER	OTHER NOT.	DRILL, DEEPEN  DEEPEN  DEEPEN  DEEPEN  DEEPEN  ATED  810	OR PLUG BACK  PLUG  SINGLE MUI  ZONE RET FROM THE ROCK  TWP. 198 RGE. 3	BACK LIPLE LINE	7. Unit Agree  8. Farm or Le  9. Well No.	FEE Gas Lease No.  Sement Name  Case Name
APPLICATION Type of Work  Type of Well OIL GAS WELL Name of Operator  Address of Operator  Location of Well UNIT LETTER	OTHER WATE	lee: G. lee: J. lee: Fil  DRILL, DEEPEN  DEEPEN  Thjection  B, Thi MERICO  BLE OF SEC. 21	E. Prerce  OR PLUG BACK  PLUG  SINGLE MUI ZONE ROLL  TWP. 103 RGE. 3	LTIPLE ZONE LINE	5A. Indicate 5A. Indicate 5A. Indicate 5A. Indicate 5A. State Oil & 5A. State	FEE Gas Lease No.  Sement Name  Case Name
APPLICATION  APPLICATION  Type of Work  Type of Well  OIL GAS WELL  Name of Operator  Address of Operator  Location of Well  UNIT LETTER	OTHER NATA	DRILL, DEEPEN  DEEPEN  DEEPEN  Thjection  B, MAN MEXICO  SATED 810	PLUG BACK  PLUG SINGLE MUI ZONE RGE. 3	LTIPLE ZONE LINE	7. Unit Agree  8. Farm or Le  9. Well No.	Gas Lease No.  Ement Name  Passe Name  Reseat Natt
APPLICATION  APPLICATION  Type of Work  Type of Well  OIL  WELL  Name of Operator  Address of Operator  Location of Well  DESTRUCTION  FEET FROM THE	OTHER NATA	DRILL, DEEPEN  DEEPEN   DEEPEN   Thjection  B, Mar Marico  SATED 810	OR PLUG BACK  PLUG  SINGLE MUI  ZONE ROLL  TWP. 198 RGE. 3	LTIPLE ZONE LINE	7. Unit Agree 8. Farm or Le 9. Well No.	ement Name ease Name  Bracet Chit
APPLICATION Type of Work  Type of Well OIL GAS WELL Name of Operator  Address of Operator  Location of Well UNIT LETTER	OTHER NATA	DRILL, DEEPEN  DEEPEN  T Injection  S. MATERICO  RATED 810	OR PLUG BACK  PLUG SINGLE MUI ZONE MUI TWP. 198 RGE. 3	LTIPLE ZONE LINE	8, Farm or Le 9, Well No.	ease Name  Bancat Wait
Type of Work  Type of Well  OIL GAS WELL  Name of Operator  Address of Operator  Location of Well  D FEET FROM TH	OTHER NATA	DEEPEN	PLUG SINGLE MUI ZONE MUI  88240 FEET FROM THE MORTE TWP. 198 RGE. 3	LTIPLE ZONE LINE	8, Farm or Le 9, Well No.	ease Name  Bancat Wait
Type of Work  Type of Well  OIL GAS WELL  Name of Operator  Address of Operator  Location of Well  DRILL  Address  Address of Operator  FEET FROM THE	OTHER NATA	DEEPEN	PLUG SINGLE MUI ZONE MUI  88240 FEET FROM THE MORTE TWP. 198 RGE. 3	LTIPLE ZONE LINE	8, Farm or Le 9, Well No.	ease Name  Bancat Wait
Type of Work  Type of Well  OIL GAS WELL  Name of Operator  Address of Operator  Location of Well  D FEET FROM TH	OTHER NATA	DEEPEN	PLUG SINGLE MUI ZONE MUI  88240 FEET FROM THE MORTE TWP. 198 RGE. 3	LTIPLE ZONE LINE	8, Farm or Le 9, Well No.	ease Name  Bancat Wait
Name of Operator  Address of Operator  Location of Well  PEET FROM THE	DOX 249, ECEN A Loc	B, MAN MAXICO SATED 810	SINGLE MUIZONE	LTIPLE ZONE LINE	9, Well No.	Remont Unit
Name of Operator  Address of Operator  Location of Well  PEET FROM THE	DOX 249, ECEN A Loc	B, MAN MAXICO SATED 810	SINGLE MUIZONE	LTIPLE ZONE LINE	9, Well No.	Remont Unit
Name of Operator  Address of Operator  Location of Well  UNIT LETTER  D  FEET FROM TH	DOX 249, ECEN A Loc	8, MEXICO 810	88240 FEET FROM THE	ZONE L.	9. Well No.	849
Address of Operator  R. C.  Location of Well  UNIT LETTER  D. FEET FROM TH	DOX 249, ECEN A Loc	8, MEXICO 810	88240 FEET FROM THE		10, Field and	8 Pool, or Wildcat
Address of Operator  R. C.  Location of Well  UNIT LETTER	DOX 849, ECEN A Loc	EATED 810	TWP. 103 RGE. 3			Pool, or Wildcat
Location of Well UNIT LETTER	Loc	EATED 810	TWP. 103 RGE. 3			Pool, or Wildcat
Location of Well UNIT LETTER	Loc	EATED 810	TWP. 103 RGE. 3			
DO 510 FEET FROM THE	-	LE OF SEC. 21	TWP. 108 RGE. 3			
				NMPM		
				NMPM		
Elevations (Show whether DF, R					12. County	
Elevations (Show whether DF, R					THILL !	
Elevations (Show whether DF, R					///////////////////////////////////////	
Elevations (Show whether DF, R					///////////////////////////////////////	
Elevations (Show whether DF, R			19. Proposed Depth	19A. Formatic	)n	20. Rotary or C.T.
. Elevations (Show whether DF, R				Yates Se	ven kvrs.	Retery
	T, etc.) 21A. Kind	& Status Plug. Bond	21B. Drilling Contractor			. Date Work will sta
3650' CL	Blanke	t w/St. Peul	Contract Not	Let	When	Permit Reco
•	Indom	ROPOSED CASING AI	ND CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	T SETTING DEPTH	SACKS O	F CEMENT	EST. TOP
11"	7-5/8	24#	400	275		Swrface
6-3/4"	4-1/2"	9.54	3960	240	<b>I</b>	Base of Sal
"Volume to be dete	rained by flui	d survey				
It is planned to don't to 3900', set in Legs and complete in Equip for water in	4-1/2" casing by perforating	and coment be g the Queen fo in waterflood	ck to base of se	alt. Ru	a Garma N	by-Neutron
			1 / 1 / 2 - 10 ·			
				<	-28-	10
€	at is				200	47
		ODODOSAL IS TO DEEDE	OR PLUG BACK, GIVE DATA	ON PRESENT P	RODUCTIVE ZONE	AND PROPOSED NEW
ABOVE SPACE DESCRIBE PRO	POSED PROGRAM: IF	PROPOSAL 15 TO DELPER				
/E ZONE. GIVE BLOWOUT PREVENTER	PROGRAM, IF ANY.		knowledge and belief.			
ABOVE SPACE DESCRIBE PROVE ZONE. GIVE BLOWOUT PREVENTER DEFEBY CERTIFY that the information ORIGINAL SIGNE	above is true and com	aplete to the best of my				-0E-60
VE ZONE. GIVE BLOWOUT PREVENTER dereby certify that the information	above is true and com  BY:	uplete to the best of my	knowledge and belief.		Date <b>2</b>	-25-69
ereby certify that the information  ORIGINAL SIGNE	above is true and com  BY:	aplete to the best of my			Date <b>2</b>	-25-69

CONDITIONS OF APPROVAL, IF ANY: