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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

SEP 10 11 10 AM '65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM-2622	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		New Mexico "P"	
2. Name of Operator		9. Well No.	
Socony Mobil Oil Company, Inc.		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
Box 1800, Hobbs, New Mexico		Warren Drinkard	
4. Location of Well		12. County	
UNIT LETTER D LOCATED 660 FEET FROM THE North LINE		Lea	
AND 660 FEET FROM THE West LINE OF SEC. 36 TWP. 20-S RGE. 38-E NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
6130 PFTD		Blinbry	- -
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3563 GR	On File		9-9-65

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Full rods and tubing. Set bridge plug @ 6150'. Dump hydromite on bridge plug - 20'. Load hole w/oil. Perf. 6050, 55, 57, 58, 61, 63, 65, 67 and 69 w/9 shots total. Acidize w/2000 gals. 15% NE acid using 8 RCN ball sealers. Run tubing and rods, test Blinbry formation. Depending on results of test it may be necessary to reacidize with a second treatment.

Verbal approval obtained from E. Engbrecht, NMOCC by J. C. Gordon, 9-8-65.

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 E. J. Kenyon Title Group Supervisor Date Sept. 9, 1965  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: