

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
HOBBS OFFICE O.C.C.
JUN 1 11 55 AM '67
 5A. Indicate Type of Lease
 STATE ☒ FEE ☐
 5. State Oil & Gas Lease No.

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 Source SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator TEXAS PACIFIC OIL COMPANY		8. Farm or Lease Name State "A" A/c-2	
3. Address of Operator JF. C. Box 1069 - Hobbs, New Mexico		9. Well No. 6	
4. Location of Well UNIT LETTER B LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 7 TWP. 22-S RGE. 3-E NMPM		10. Field and Pool, or Wildcat South Eunice	
11. Proposed Depth 3995'		12. County Lea	
19. Proposed Depth 3995'		19A. Formation	
20. Rotary or C.T.		21. Elevations (Show whether DF, RT, etc.) 3606' DF	
21A. Kind & Status Plug. Bond		21B. Drilling Contractor	
22. Approx. Date Work will start Upon Approval			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	12-1/2"	50#	262'	250	
	9-5/8"	36#	1541'	600	
	7"	24#	3721'	209	

We propose to deepen this well 159' to a TD of 3995' to obtain a source of water to flood our State "A" A/c-2 Lease.

1. Rig up. Deepen well to 3995' using conventional reverse circulation equipment.
2. Swab. Acidize w/5000 gal. 15% NE acid. Swab.
3. Run pump and test.

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 Sheldon Ward Title Area Superintendent Date 5-31-67

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: