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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Royalty Holding
9. Well No. 4
10. Field and Pool, or Wildcat Undesignated
12. County Lea
19. Proposed Depth 7400'
19A. Formation Abo
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3415.5 GR
21A. Kind & Status Plug. Bond Blanket - Current
21B. Drilling Contractor Coral Drilling Co.
22. Approx. Date Work will start 12-31-68

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>
2. Name of Operator SOLAR OIL COMPANY
3. Address of Operator P. O. Box 5114, Midland, Texas
4. Location of Well UNIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE OF SEC. 25 TWP. 21-S RGE. 37-E NMPM
21. Elevations (Show whether DF, RT, etc.) 3415.5 GR
21A. Kind & Status Plug. Bond Blanket - Current
21B. Drilling Contractor Coral Drilling Co.
22. Approx. Date Work will start 12-31-68

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9-5/8"	32.3#	850'	325	circ.
8-3/4"	7"	23# & 26#	7400'	550	base of salt

It is proposed to drill a well to a depth sufficient to test the Abo formation, estimated @ 7400'.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO THE START OF
CASING

APPROVAL VALID
FOR 30 DAYS UNLESS
DEVELOPMENT COMMENCES,

EXPIRES **4-2-69**

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 *M. J. Smith* Title Production Clerk Date December 30, 1968

(This space for State Use)

APPROVED BY *[Signature]* TITLE SUPERVISOR DISTRICT DATE JAN 2 1969
CONDITIONS OF APPROVAL, IF ANY: