2. 10000-01
30-025-27932
SU UDE DIJEN

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				form C-101	
SANTA FE -			F	levised 1-1-65	
FILE			ſ	5A. Indicate Type of Lease	
U.S.G.S.				STATE FEE X	
LAND OFFICE			ŀ	5. State Oil & Gas Lease No.	
OPERATOR					
APPLICATION FOR	PERMIT TO DRILL, DEEPEN	, OR PLUG BACK	Ā		
a. Type of Work				7. Unit Agreement Name	
DRILL	DEEPEN	PLUG	BACK		
b. Type of Well				8. Farm or Lease Name	
OIL X GAS .	OTHER	SINGLE MU	ZONE	SHAMU	
2. Name of Operator				9. Well No.	
MORRIS R. ANTWEIL				- 1	
3. Address of Operator				10. Field and Pool, or Wildcat	
P. O. Box 2010, Ho	bbs, New Mexico 882	240		Undesignated	
	LOCATED990				
			t		
ND 990 FEET FROM THE E	ast LINE OF SEC. 12	TWP. 205 RGE.	37E NMPM		
				12. County	
			///////	Lea	
		19. Proposed Depth	19A. Formation	20. Rotary or C.T.	
		7500	Abo	Rotary	
21. Elevations (Show whether DF, RT, etc.	.) 21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx. Date Work will start	
3565' GR	Blanket	MORANCO		16 Sept. 82	
23.	BROROSED CASING AN	D CEMENT PROGRAM			

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	1500'	800	Circ
7-7/8"	5-1/2"	15.5 & 17#	7500'	750	3500'
	1		1	ł	1

1.

- Drill 12%" hole to top of salt section. Ran 8-5/8" casing & circulate cement. WOC 18 hours. 2.
- 3.
- Test casing & BOP to 1500 psi. Drill 7-7/8" hole to TD of 7500'. Log well. 4.
- Run 5½" casing & cement with sufficient cement to cover potential producing formations. 5.
- Perforate, treat & produciton test. 6.

APPROVAL VALID FOR PERMIT EXPIRES UNLESS DRILLING	180 DAYS
PERMIT EXPIRES	3/13/83
UNLESS DRILLING	UNDERWAY

IN A BOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and co	mplete to the i	best of my knowledge and belief.			
Signed Jenny Hiller	Title	TuleAgent			
(This space for State Use) APPROVED BY Elifer W Jan		DIL & GAS INSPECTOR	DATE	SEP 1 3 1982	
CONDITIONS OF APPROVAL, IF ANY:					



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