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NEW MEXICO OIL CONSERVATION COMMISSION

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DEC 1 1 19 PM '65

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1439

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"/>		7. Unit Agreement Name North Wilson Deep
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name North Wilson Deep Unit
2. Name of Operator The British-American Oil Producing Company		9. Well No. 1
3. Address of Operator P. O. Box 474 Midland, Texas		10. Field and Pool, or Wildcat Osoyo (Morrow)
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 5 TWP. 21-S RGE. 35-E NMPM		12. County Lea
21. Elevations (Show whether DF, RT, etc.) GL - 3647'		19. Proposed Depth 11,850
21A. Kind & Status Plug. Bond \$10,000 Federal Ins.		19A. Formation Morrow
21B. Drilling Contractor Unknown		20. Rotary or C.T. Rotary
22. Approx. Date Work will start Immediately upon approval		
23. Company effective 1-31-62 PROPOSED CASING AND CEMENT PROGRAM		

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	325	350	Surface
12-1/4"	9-5/8"	36# & 40#	5300	1500	Surface
8-3/4"	4-1/2"	11.6#	11850	1500	7500'

Please wire approval collect to:

Mr. C. E. Brandon
The British-American Oil Producing Company
17th Floor Wilco Building
Midland, Texas

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 William E. Zandy Title District Engineer Date November 30, 1965
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: