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DISTRIBUTION			NEWI	MEXICO	OIL CONS	ERVATION CO	DMMISSION		orm C-101 evised 1-1-65	i	
SANTA FE									A. Indicate		
FILE					1.09		1 227		STATE		
U.S.G.S.							an a		State Oil &		
LAND OFFICE								. 0			se no.
OPERATOR								k	<u>E-19</u>	77	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
APP	LICATION	I FOR PER	MIT TO	DRILL,	DEEPEN	, OR PLUG I	BACK		IIIII	71111	
1a. Type of Work								7	. Unit Agree	ement Nam	e
	RILL			DEEPEN			PLUG B.				
b. Type of Well). Farm or Le		
OIL WELL	GAS	OTHER				SINGLE ZONE	MULT	IPLE	Phi111	.ps St	ate
2. Name of Operator). Well No.	-	
W4114	an J.	I eMar							1	_	
3. Address of Operato	5 1-116 _ 1-1 - 0								UNDE	Pool or	Wilden
PO	Row 2	244, S e	nte R	e Net	w Mayf	co 875	61		UNH		
4. Location of Well	DUA L	477, 04 A		<u></u>	<u> </u>	FEET FROM THE			<u>IIIIII</u>	IIIII	
	UNIT LETTER	· A	LOC	ATED	000	FEET FROM THE		R		//////	
660		- Foot		E OF SEC.	10	TWP. 21-8	RGE. 34			//////	
AND 660	FEET FROM 1	THE East	innii		uttu	<u>IIIIIII</u>	<u>IIIIII</u>		12. County		
	illilli			/////	//////		///////		Lea		
AHHHHHH	HHH	++++++++	HHH	HHH	HHHH	<i>+++++++</i> +++++++++++++++++++++++++++++	HHHH	111111	<u>mm</u>	ttm	ttttttt
	//////		//////	//////						//////	
	<i>HHH</i>	+++++++	HHH	HHH	HHHH	19. Proposed 1	Depth 19	A. Formation	,,,,,,,,	20. Rotar	y or C.T.
	//////		//////	/////		4		Corres D		~ 7	•
\overline{V}	<u>'IIII</u>	771117	11111		Plug. Bond	3950		Seven R	22 Approx	Date Wor	k will start
21. Elevations (Show	-	,,									
3687.7	Gr.		State	<u>\$10,</u>	000.	Fred	Whitek	et	Nover	ber 1	6, 1967
23.			P	ROPOSED	CASING A	ND CEMENT P	ROGRAM				
SIZE OF HO		SIZEOF	CASING	WEIGHT		OT SETTIN	G DEPTH	SACKS OF	CEMENT	ES	T. TOP
SIZE OF HU		5.200	0.10110					+			

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	E31. TOF
16"	13 3/8"	544	150*	100 sx	Surface
	10"		500*	set	
	8 5/8"		1500*	set	
8"	5 1/2"	15.5#	39501	200 sx	3400' 🔨

Surf. csg. will be cemented at least 25' into red beds.

13 3/8

APPROVAL V. FOR DE DAYS (STEA DRIFTS OF DE MUNICIP.

Exercises 3 11.68

TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. I hereby certify that the information above is true and comp	lete to the best of my knowledg	e and belief.			
Signed Welliam J. Je Man	Title_ Operator		Date	lovember	9, 1967
(This space for Store Use)	CT12				
	SICKADAL TITLE ENGINAL	inc. 4	DATE_		
CONDITIONS OF APPROVAL, IF ANY:		1.1.1	and the second second		an she
	Coment must	t tie back			