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# NEW MEXICO OIL CONSERVATION COMMISSION

30-025-27699

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.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Waldrep	
2. Name of Operator MGF Oil Corporation		9. Well No. 1	
3. Address of Operator P. O. Box 360, Midland, Texas 79702 0360		10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>6</u> TWP. <u>20-S</u> RGE. <u>39-E</u> NMPM		12. County Lea	
19. Proposed Depth 7800		19A. Formation Abo	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3590.6 GR	
21A. Kind & Status Plug. Bond Blanket on File		21B. Drilling Contractor Kenai	
22. Approx. Date Work will start January 15, 1982			

## PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	28	1600	800	Surface
7 7/8"	5 1/2"	15.5 & 17	7800	750	3500'

Shaffer 10" Series 900 Type LWS Double Hydraulic BOP

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 6/30/82  
UNLESS I GET EXTENSION

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 [Signature] Title Sr. Drilling Engineer Date 12-29-81

(This space for State Use)

Jerry S. S. S.

APPROVED BY [Signature] TITLE Dist. L. Supt.

CONDITIONS OF APPROVAL, IF ANY: