NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW	MEXICO OIL CONSER	VATION COMMISSION		Form C-101 Revised 1-1-6	·c	
SANTA FE	1			ŗ		Type of Lease	
FILE	 -				STATE		
U.S.G.S.	 					& Gas Lease No.	
DERATOR	-				B - 9		
OPERATOR					imm.	<i>ummini</i>	
APPLICATION	N FOR PERMIT TO	DRILL DEEPEN C	R PLUG BACK				
1s. Type of Work	TTOK! EKWI! TO	DATEL, DELL LIN, C	A COO O COO		7. Unit Agre	ement Name	
DRILL X		DEEPEN [DI UC D	ACK [
b. Type of Well					8, Farm or Lease Name		
OIL X GAS WELL	OTHER		INGLE X MULT	IPLE ZONE		ico State M	
2. Name of Operator	OTE & DESTRICT	a aomin'ny			9. Well No.	47	
HUMBLE OIL & REFINING COMPANY						<u></u>	
3. Address of Operator					10. Field and Pool, or Wildcat Langlie Mattix		
BOX 1600, MIDI		0016			MMM.	WILLY LIGHT	
4. Location of well Unit LETTE	R Loc	ATED 2310 FE	ET FROM THE FWL	LINE		VIIIIIIIIIII	
AND 660 FEET FROM	THE FSL LIN	E OF SEC. 20 TV	vp. 22-S rge. 37-	Е имри			
AND DOU FEET FROM	THE LOT THE		Prilinii Prilinii	viinni	12. County	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					Lea		
	HHHHHH	<i>HHHHH</i>	<i>HHHHHH</i>	<i>HHH</i>	THITT.	HHHHHH	
			Proposed Depth 19	9A. Formation	1	20. Rotary or C.T.	
				Queen		Rotary	
21. Elevations (Show whether DF,	i i	· · · · · · · · · · · · · · · · · · ·	1B. Drilling Contractor		22. Approx. Date Work will start Immediately		
To be filed later Blanket on file unknown					1	neutacety	
23.	P	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP	
8-3/4 or 9-7/8	7 or 7-5/8	20 or 24#	300	150	OCIVIC: Y1	to Surface	
6-1/4 or 6-3/4	2-7/8	6.4	ליד ליד			Circl to 2700'.	
<u> </u>		<u> </u>					
(l	1	l		ļ	
Min. mud for sample	35.						
HOWCO method of cont	tg to be used.						
					•		
						•	
						75-L	
IN ABOVE SPACE DESCRIBE PR	OPOSED PROGRAM: IF	PROPOSAL IS TO DEEPEN OF	R PLUG BACK, GIVE DATA OF	PRESENT PR	ODUCTIVE ZON	E AND PROPOSED NEW PRODUC-	
I hereby certify that the information	on above/is true and com	plete to the best of my kr	nowledge and belief.				
NITE	t-				1. 0	٥ (٦	
Signed	ast	Title Adm. Sup	ervisor		Date 4-2	U-05	
(This space for	State Use)				·		
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CONDITIONS OF APPROVAL, IF ANY: