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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

DEC 23 10 23 AM '65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K-605

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 Custer Mountain Unit
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>		8. Farm or Lease Name North Custer Mountain Unit
2. Name of Operator Bass Brothers Enterprises, Inc.		9. Well No. 1
3. Address of Operator Box 1178, Monahans, Texas 79756		10. Field and Pool, or Wildcat Wildcat
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 28 TWP. 23-S RGE. 35-E NMPM		12. County Lea
19. Proposed Depth 16,500		19A. Formation Siluro-Devonian
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 3440 KDB estimated	21A. Kind & Status Plug. Bond Active \$10,000 State plug.bond on file.	21B. Drilling Contractor McVay Drilling Co.
22. Approx. Date Work will start 1-1-66		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	20"	94	432	1200	Surface
17-1/2"	13-3/8" OD	61, 68, 72, 77	5500	6700	Surface
12"	9-5/8" OD	54.5, 47, 53.5	12000	5000	Surface
8-3/8"	7" OD liner	29	11800-15650	800	Top liner

It is intended to drill the subject well in the manner outlined above, with the objective of completing the well as a dual producer from the Devonian and Pennsylvanian.

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 Walter D. Powers Title Asst. Div. Manager Date December 27, 1965

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: