									IVED	NO. OF COPIES REC
		orm C-101 evised 1-1-65	NC.C. F	COMMISSIC	ERVATION	CO OIL CONS	NEW MEXI		N	DISTRIBUTI
				ULE PAR A	HOBBZ					SANTAFE
		A. Indicate Ty	906 44	0						FILE
			[TTN '60]	3 19	APR					U.S.G.S.
No.	, Gas Lease N	. State Oil & G								LAND OFFICE
******			Ļ							OPERATOR
		illillill.								· · · · · · · · · · · · · · · · · · ·
	<u>111111</u>	111111		BACK	, OR PLUC	L, DEEPEN	RMIT TO DRIL	FOR PER	PLICATION	AP
	ment Name	7. Unit Agreeme							`	a. Type of Work
elly Und	rose Ske	outh Penro		PLUC			DEE		DRILL	
•	ase Name	3. Farm or Leas		1 200			DEE			b. Type of Well
			ZONE	M	SINGLE ZONE	ply Well	. Water Sup	OTHER	GAS	
		Well No.								. Name of Operator
		1						o n	ormerstic	Galf Oil (
dcat	Pool, or Wild	10. Field and P								Address of Opera
	Skelly	Penrose S					0	r Maxico	obba. Nem	Box 670, 1
		anna an	LINE	HE Nort	FEET FROM T	2310	LOCATED_		UNIT LETTER	. Location of Well
		11111111							UNIT LETTER	
<u>111111.</u>				S RGE. 3	тыр. 22-	EC. 5	LINE OF S	HE ROOT	FEET FROM TH	ND 1980
		12. County		$T \cap T \cap T$	IIIIII	<u>IIIIIII</u>	<u>IIIIIIIII</u>		1111111	
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<u>IIIIII</u>		anna an	<u>IIIIIII</u>	IIIII	<u>IIIIII</u>	mm	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	titititi	iiiiiii	HHHHHH
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C.T.	20. Rotary or	20	19A. Formation	d Depth	19. Propose	tttttttt	ннннн	HHHH	HHHH	HHHHHH
	Reterie		San Andy		51001					
ill start		22. Approx. De		g Contractor	21B. Drillin	tus Plug. Bond	21A. Kind & Sta	T, etc.)	whether DF. R	1. Elevations (Sho
		*	d later	urnishe	To be f	-	Blanket		•	•
	Rotary	65 X	San Andr	g Contractor	5100 21B. Drillin To be f	Aus Plug. Bond	Blanket		•	To be furni 13.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8*	48#	13001	Circulate	Surface
12-1/4*	9-5/8*	36 & 40#	51001	500 sacks	Base of Salt
			/		
		1	1	1	1

* As soon as project is approved by State Water Engineer.

13/10 1/3/10

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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.						
ORIGINAL SIGNED BY SignedC. D. BORLAND	Tule Area Production Manager	Date March 31, 1966				
(This space for State Use)	×					
APPROVED BY	TITLE	DATE				

CONDITIONS OF APPROVAL, IF ANY: