SANTA FE  FILE  U.S.G.S.  LAND OFFICE  OPERATOR  APPLICATION FOR PERMIT T  1a. Type of Work  b. Type of Well  OIL  WELL  SAS  WELL  OTHER  2. Name of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1C69 - Hobbs, New Mexi  4. Location of Well  UNIT LETTER  M  21. Elevations (Show whether DF, RT, etc.)  21A. K						
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  OPERATOR  APPLICATION FOR PERMIT I  In. Type of Well  OIL  WELL  Name of Operator  P.O. BOX 1C69 - Hobbs, New Mext  1. Location of Well  ONIT LETTER  M  AND  660  FEET FROM THE  West  21. Elevations (Show whether DF, RT, etc.)  3328.11 GR  SIZE OF HOLE  11 or 12-1/411  N-7/811  SIZE OF CASIN  7-7/811  I hereby certify that the information above is true and Original Signed by  Signed  Sheldon Ward  (This space for State Use)			•			
APPLICATION FOR PERMIT I  APPLICATION FOR PERMIT I  APPLICATION FOR PERMIT I  Ia. Type of Work  DRILL X  b. Type of Work  DRILL X  OTHER  2. Nome of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. BOX 1C69 - Hobbs, New Mexi  4. Location of Well  ONIT LETTER M  AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  21. ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ARY.  TO TIGHT SIGNED BY  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ARY.  I hereby certify that the information shove is true and original Signed by  Signed Sheldon Ward  (This space for State Use)	NEW MEXICO OIL CONSERVATION COMMISSION				the Line	
APPLICATION FOR PERMIT T  In. Type of Work  b. Type of Well  OIL X CAS IX  2. Name of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. BOX 1069 - Hobbs, New Mexi  4. Location of Well  UNIT LETTER M  AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  22. SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  Inereby certify that the information shove is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)			ſ	5A. Indicate	Type of Lease	
APPLICATION FOR PERMIT TO THE TOP THE				STATE 3	K FEE/	
APPLICATION FOR PERMIT TO TAKE THE PROPOSED PROGRAM OF THE TOTAL T				.5. State Oil &	Gas Lease No.	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ANY.  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ANY.  In Arrows carried that the information above is true and Original Signed by  Signed Sheidon Ward  DRILL X  GAS WELL X  OTHER  AND OTHER  AND ASSOCIATION OF THE WEST  OTHER				NMJ-530		
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ANY.  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ANY.  In Arrows carried that the information above is true and Original Signed by  Signed Sheidon Ward  DRILL X  GAS WELL X  OTHER  AND OTHER  AND ASSOCIATION OF THE WEST  OTHER				THIII		
DRILL X  DTHER  DEATH OF INTERMAN  MEXI  ALLOCATION OF HEAT FROM THE WEST  DRILL X  DRILL X  DRILL X  DTHER  DTHER  DTHER  DTHER  DRILL X  DTHER  DTHER  DRILL X  DTHER  DTHER  DTHER  DRILL X  DTHER  DTHER  DRILL X  DTHER  DTHER  DTHER  DRILL X  DTHER  DT	O DRILL, DEEPEN, O	R PLUG BACK				
OTHER  OTHER  OTHER  OTHER  22. Name of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. BOX 1069 - Hobbs, New Mexit  4. Location of Well  UNIT LETTER  M  AND  660  FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  21A. K  3328.11 GR  23.  SIZE OF HOLE  SIZE OF CASIN  11 or 12-1/4"  7-7/8"  7-7/8"  11 or 12-1/4"  7-7/8"  11 or 12-1/4"  Set of Casin  Original Signed by  Signed  Sheidon Ward  (This space for State Use)				7. Unit Agree	ement Name	
OTHER  OTHER  OTHER  2. Name of Operator  TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1069 - Hobbs, New Mexi  4. Location of Well  UNIT LETTER  M  AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  21A. K  3328.11 GR  23.  SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  In Above space describe proposed program, 15 Any.  Original Signed by  Signed Sheldon Ward  (This space for State Use)	DEEPEN	PLUG BA	кск 🗍			
TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. BOX 1069 - Hobbs, New Mexit  4. Location of Well  ONLY LETTER  M  AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  3328.1' GR  SIZE OF HOLE  SIZE OF CASIN  11 or 12-1/4"  8-5/8"  7-7/8"  5-1/2"  In Above SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE. GIVE SLOWGUY PREVENTER PROGRAM, IF ANY.  I hereby certify that the information above is true and original Signed by  Signed Sheldon Ward  (This space for State Use)				8. Farm or Lease Name		
TEXAS PACIFIC OIL COMPANY  3. Address of Operator  P.O. Box 1069 - Hobbs, New Mexit  4. Location of Well  UNIT LETTER  AND  660  FEET FROM THE  West  21. Elevations (Show whether DF, RT, etc.)  21A. K  3328.1' GR  Req.  23.  SIZE OF HOLE  SIZE OF CASIN  11 or 12-1/4"  7-7/8"  5-1/2"  In Above space describe proposed program, if any.  In the control of the information above is true and control of the control					Clift	
ABOVE SPACE DESCRIBE PROPOSED PROGRAM, IF ANY.  In Above Space Describe Proposed Program 177–7/8**  In Above Space Describe Proposed Program 177–17/8**  In Above Space Describe Proposed Pr				9. Well No.		
P.O. Box 1069 - Hobbs, New Mexida. Location of Well  AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  3328.1' GR  23.  SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  Inhereby certify that the information above is true and original Signed by  Signed Sheldon Ward  (This space for State Use)	<u></u> –			6	l Pool, or Wildcat	
AND 660 FEET FROM THE West  21. Elevations (Show whether DF, RT, etc.)  23. SIZE OF HOLE  11 or 12-1/4!!  7-7/8!!  SIZE OF CASIN  11 or 12-1/4!!  7-1/8!!  S-1/2!!  Signed  Sheldon Ward  (This space for State Use)					-	
21. Elevations (Show whether DF, RT, etc.)  21. Elevations (Show whether DF, RT, etc.)  21. SIZE OF HOLE  SIZE OF CASIN  11 or 12-1/4!!  7-7/8!!  3-5/8!!  7-7/8!!  1 hereby certify that the information above is true and original Signed by  Signed  Sheldon Ward  (This space for State Use)			-	111111	Mattix-Jalmat	
21. Elevations (Show whether DF, RT, etc.)  21A. K  328.1! GR  SIZE OF HOLE  11 or 12-1/4!!  7-7/8!!  3-1/2!!  SIZE OF CASIN  15-1/2!!  S-1/2!!  I hereby certify that the information above is true and Original Signed by  Signed  Sheldon Ward  (This space for State Use)	LOCATED <u>560</u> FE	ET FROM THE SOUTH	LINE			
21. Elevations (Show whether DF, RT, etc.)  21A. K  328.1! GR  SIZE OF HOLE  11 or 12-1/4!!  7-7/8!!  3-1/2!!  SIZE OF CASIN  15-1/2!!  S-1/2!!  I hereby certify that the information above is true and Original Signed by  Signed  Sheldon Ward  (This space for State Use)	ø	p. 23-S RGE. 37	<b>–Е</b> нмрм			
SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  In above space describe proposed program, 5-1/2"  In ereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)	LINE OF SEC. 8 TW	Yrriin Frin	TITITI	12. County		
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SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.  I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)						
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SIZE OF HOLE SIZE OF CASIN  11 or 12-1/4" 8-5/8"  7-7/8" 5-1/2"  IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.  I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)		38001 □	u <b>ee</b> n–Ya	.tes	Rotary	
SIZE OF HOLE  SIZE OF CASIN  11 or 12-1/4"  7-7/8"  S-1/2"  S-1/2"  In above space describe proposed program  Tive zone. Give blowout preventer program, if any.  I hereby certify that the information above is true and original Signed by  Signed  Sheldon Ward  (This space for State Use)	ind & Status Plug. Bond 21			22. Approx.	. Date Work will start	
SIZE OF HOLE  11 or 12-1/4"  7-7/8"  SIZE OF CASIN  11 or 12-1/4"  8-5/8"  5-1/2"  S-1/2"  In Above space describe proposed program  Tive zone. Give blowout preventer program, if any.  I hereby certify that the information above is true and original Signed by  Signed  Sheldon Ward  (This space for State Use)	Bond on File	Not Selected		∐p <b>o</b> n	Approval	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.  I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)				<del></del>		
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IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.  I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)	24#	3251	300 Re		Circulate	
I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)	14#	37501	6 <b>0</b> 0 Re	eg.	Tie into salt	
I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)						
I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)		EX.		DAYS UNU	, 04	
hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)						
The zone. Give blowout preventer program, if any.  I hereby certify that the information above is true and Original Signed by  Signed Sheldon Ward  (This space for State Use)	. IF DOGUÇAL IS TO DEEPEN O	R PLUG BACK, GIVE DATA ON	PRESENT PR	ODUCTIVE ZONI	E AND PROPOSED NEW PROF	
Original Signed by Signed Sheldon Ward (This space for State Use)						
(This space for State Use)					r 00 47	
APPROVED BY	TitleArea	Superintendent		Date	5-22-67	
APPROVED BY						
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CONDITIONS OF APPROVAL, IF ANY:	TITLE			DATE		
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