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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.
7. Unit Agreement Name
8. Farm or Lease Name Fanning
9. Well No. 6
10. Field and Pool, if applicable U N Tanager Blinbery
12. County Lee
19. Proposed Depth 5600'
19A. Formation Blinbery
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.)
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Roy Smith
22. Approx. Date Work will start 2-15-68

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator RESLER AND SHELTON	3. Address of Operator 801 West Texas, Artesia, New Mexico 88210	4. Location of Well UNIT LETTER H LOCATED 1650 FEET FROM THE north LINE AND 330 FEET FROM THE east LINE OF SEC. 33 TWP. 23S RGE. 37 E NMPM
23.			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11	8 5/8	24	1075	350	surface
7 7/8	5 1/2	14	5600	500	2700'

Drill well to **5600'**, set casing, perforate and complete in **Blinbery**.

THIS PERMIT IS VALID FOR 90 DAYS
24 HOURS PRIOR TO RUNNING **8 5/8**
CASING.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES **July 23, 1968**

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 **Vilas Sheldon** Title **Owner** Date **2-15-68**

(This space for State Use)

APPROVED BY **John W. Runyan** TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: