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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Skelly Penrose "A" Unit Skelly Penrose "A" Unit	
2. Name of Operator Skelly Oil Company		9. Well No. 63	
3. Address of Operator P. O. Box 1351, Midland, Texas 79701		10. Field and Pool, or Wildcat Langlie-Mattix	
4. Location of Well UNIT LETTER M LOCATED 1310 FEET FROM THE South LINE AND 1310 FEET FROM THE West LINE OF SEC. 3 TWP. 23S RGE. 37E NMPM		12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 3288.1 GR		19. Proposed Depth 3700'	19A. Formation Queen (Penrose Sand)
21A. Kind & Status Plug. Bond Blanket Bond #1253688	21B. Drilling Contractor Hondo Drilling Co.	20. Rotary or C.T. Rotary	
23. \$100,000 w/Fed. Ins. Co.		22. Approx. Date Work will start - Immediately	

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#	400	150	Surface
7-7/8"	5-1/2"	15.5#	3700	1500	300'

The pump and plug process will be used in cementing all strings of casing, and cement will be circulated to the surface on the 8-5/8" OD casing. The 5-1/2" OD casing will be perforated as indicated by the electric log opposite the Langlie-Mattix formation and treated with acid as required.

Approval of unorthodox location by Mr. A. L. Porter, Jr., Administrative Order NSL-641.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED.
EXPIRES 5-27-74

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) **LELAND FRANZ**

Signed Leland Franz Title District Production Manager Date February 25, 1974

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: