					2. 12	5.20200
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DISTRIBUTION	NEW	MEXICO OIL CONSER	VATION COMMISSIO		Form C-101	
SANTA FE	5-NMOCD-H	obbe	10-WIO's		Revised 1-1-65	
FILE		it-Midland	10 110 2		r-	Type of Loase
U.S.G.S.		LC-MILLIANG		ļ	STATE	FEE
LAND OFFICE	l-File				.5, State Oil &	Gas Leaso No.
OPERATOR	1-JDM-Eng					·····
	1-Foreman					
APPLICATIO	N FOR PERMIT TO	DRILL, DEEPEN, (	DR PLUG BACK		777777	
1a. Type of Work		2			7. Unit Agree	merit Name
b. Type of Well		DEEPEN	PLU	G ВАСК []	Myers La 8. Form or Le	nglie Mattix Unit
OIL XX GAS WELL	0. HER	·	ZONE	ZONE	Myers La	nglie Mattix Unit
2. Name of Operator	U. HER .				9. Well No.	
GETTY OIL COMPANY					29	
3. Address of Operator					10. Field and Pool, or Wildcat	
P.O. Box 730, Hobbs, NM 88240					Langlie Mattix	
1000		EATED 2080 F	EET FROM THE $SO$ wp. 23 rge.	ath LINE		
AND L880 FEET FROM					12. County Lea	
				19A. Formatio		20. Hotory or C.T.
			9. Proposed Depth			
	<u> </u>	TITITI	3770 18. Drilling Contracto	Quee		Rotary
21. Elevations (Show whether DF,						
3334 GL	B	anket	to be d	etermined		Immediately
23.	1	PROPOSED CASING AND	CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPT	H SACKS O	- CEMENT	EST. TOP
11	8 5/8	24	500'	300		Surface
7 7/8	5 1/2	15.5	3770'	1200	)	Surface

The proposed well will be drilled from surface to a total depth of 3770' with rotary tools. 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" and 5 1/2 " casing. The 5 1/2" casing will be perforated as indicated by electric logs opposite the Queen formation.

The drilling fluid will be brine water and mud of sufficient weight to condition the hole for logging and running casing. Blowout preventers will be installed and tested to 5000 psi. See attached BOP schematic.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL 1	APPROVAL VAL PERMIT EXPI UNLESS DRI unless dr plug back, give data on present f	res <u>70</u> Lling L	NDERWAY
IN A BOVE SPACE DESCRIBE PROPOSED PROGRAM IF PROPOSE TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.			
I hereby certify that the information above is true and complete to the Signed Title	e best of my knowledge and bellef. Area Superintendent	Date	4/16/81
(This space for State Use) APPROVED BY	ALF SAVING ALBARK M	DATE_	APR 25 1
CONDITIONS OF APPROVAL, IE ANY:			