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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

AUG 13 11 57 AM '65

5A. Indicate Type of Lease	DATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
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5. State Oil & Gas Lease No.
41534

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"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name -----	
2. Name of Operator Texaco Inc.		8. Farm or Lease Name J. F. Black	
3. Address of Operator P. O. Box 3109, Midland, Texas		9. Well No. 5	
4. Location of Well UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE AND 2030 FEET FROM THE West LINE OF SEC. 21 TWP. 24-S RGE. 37-E NMPM		10. Field and Pool, or Wildcat Langlie Mattix-Queen	
		12. County Ira	
		19. Proposed Depth 3705'	
		19A. Formation Queen Sand	
		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DE, RT, etc.) GR--3227		21A. Kind & Status Plug. Bond \$10,000 blanket	
		21B. Drilling Contractor Unknown	
		22. Approx. Date Work will start At once	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8"	7"	20#	250'	250 *	circulate
6 1/4"	4 1/2"	9.5#	3450'	150 **	2400'

* Cement with 250 sx Incor neat containing accelerator.
** Set 4 1/2" casing at 3450' with packer shoe. Cement with 150 sx Class "C"
4% gel preceded with 300 barrels fresh water.

FORMATION TOPS EXPECTED

Anhydrite	1090'	Yates	2734'
Top Salt	1303'	Queen	3436'
Bottom Salt	2575'	Total Depth	3705'

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 W. M. Bumpass Title Senior Civil Engineer Date 8/12/65
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: