NO. OF COPIES REC	EIVED										
DISTRIBUTI	ON		NEW MEXIC	O OIL CONSE	ERVATION CO	MMISSIO	DN		orm C-101		
SANTA FE					110	882 0	FE UE		A. Indicate		
FILE					ě	<b>.</b>				¬**	
U.S.G.S.					Apr	21	18	AM 14	State Oil 6		
LAND OFFICE									, sidle On a		140.
OPERATOR				· · · · ·					mm		mm
						1.016		<b>/</b>			
,ÁP	PLICATION	FOR PE	RMIT TO DRILL	<u>, DEEPEN,</u>	OR PLUG B	ACK		P	7. Unit Agree		1111111
1a. Type of Work									. Ont Agiet	ment route	
			DEEPI	EN 🗌		PLUG	; BACK [	┛┝	8. Form or Le	ase Name	
b. Type of Well						м	ULTIPLE [			/illiams	-
OIL WELL	GAS WELL	OTHE	R		SINGLE X		ULTIPLE ZONE	╧┼	9. Well No.		
2. Name of Operator									5, wen no.	9	
		0i1 & Re	efining Comp	any					10. Field and	-	the art
3. Address of Operation		_							1		
	Box 210	10, Hobbs	s, New Mexic	o 88240			_		005115	s-Blinel	, , , , , , , , , , , , , , , , , , ,
4. Location of Well	UNIT LETTE	R A	LOCATED	330	FEET FROM THE	Eas	<u>st</u>	LINE			
1105 H20								7		//////	
AND 1120	FEET FROM	THE NOT	th LINE OF SE	. 34	<u>тwр. 245</u>	RGE.	<u>37E</u>	MPM	12. County	niitti	<i>\\\\\\</i>
	<u>UUUU:</u>					1111		MM			
				111111	11111111	7111.	HHH	ΗĤ	Lea	HArren	<i>\\\\\\\</i>
<u> AUUUUU</u>	<u>IIIIII</u>	ШШ				IIII		////			
						77777,	İΠ	$\overline{III}$	111111	20. Rotory	
<i>mmm</i>	TTTTTTT	i i i i i i i i i i i i i i i i i i i			19, Proposed D	epth	19A. Fo				
		MMM			5800			lineb		Rota	
21. Elevations (Sha	w whether DF,	RT, etc.)	21A. Kind & Statu	s Plug. Bond	21B. Drilling C	ontractor	r		22. Approx	. Date Work	will start
Later											<u></u>

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP	
	7-5/8" or 8-5/8		1000	300	to Surface	
<u>6-3/4" or 7-7/8"</u>	4-1/2"	9.5	5800	300	*	
				l	1	

\*Circulate cement back to salt section at approximately 2400'.

EAVIRES AL. SAL

DATE.

.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the informat	ion above is true and compl	lete to ti	e best of my knowledge and belief.		
Signed A.L. Care			District Chief Engineer	Date	
(This space fo	r State Use)				

\_ TITLE

ONDITIONS OF APPROVAL, IF ANY:

.