

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 *3-1252487*

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1506

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name Langlie-Jal Unit
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name
2. Name of Operator Union Texas Petroleum Corporation		9. Well No. 8
3. Address of Operator 1300 Wilco Bldg., Midland, Texas 79701		10. Field and Pool, or Wildcat Langlie-Mattix (Queen)
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>1930</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>32</u> TWP. <u>24-S</u> RGE. <u>37-E</u> NMPM		12. County Lea
19. Proposed Depth 3850'		19A. Formation 7-Rivers Queen
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3251' GR
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Cactus Drlg. Corp.
22. Approx. Date Work will start 8-21-74		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	800'	400 sx	Circ. to Surf.
7-7/8"	4-1/2"	Various	3850'	675 sx	Circ. to Surf.

Propose to drill and equip an oil well to depth of approx. 3850'. into the unitized interval in the Langlie-Jal Unit.

Well control equipment will comply with API 3M Rds. Specifications.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 11-21-74

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.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed [Signature] Title Ass't. Dist. Prod. Mgr. Date 8-20-74

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE SEP 3 1974

CONDITIONS OF APPROVAL, IF ANY: