NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW MEXICO OIL CON	SERVATION COMMISSI	ON	Form C-101			
SANTA FE					Revised 1-1-6	55		
FILE				Ī	5A. Indicate	Type of Leas	3e	
U.S.G.S.					STATE		EE X	
LAND OFFICE					.5, State Oil	& Gas Lease	No.	
OPERATOR								
				ļ.	IIIIII	111111	IIIII	
APPLICATION	I FOR PE	RMIT TO DRILL, DEEPEN	I, OR PLUG BACK					
la. Type of Work					7. Unit Agre	ement Name ie Mattix orth Unit	<u></u>	
DRILL X		DEEPEN	P) III	ЗВАСК	Woolwo	orth Unit		
b. Type of Well					8. Farm or L			
WELL WELL	о. н	ER Water Supply	SINGLE X M	ZONE				
2. Name of Operator					9. Well No.			
Amerada Hess Corporation						Water Supply #9		
3. Address of Operator		T 3 0000			10. Field an	d Pool, or Wild	dcat	
P. 0. Drawer 817, 9					Langlie	e Mattix		
4. Location of Well UNIT LETTER	I	LOCATED 1330	FEET FROM THE SOUT	th LINE		IIIIII	IIIII	
_				h				
AND 135 FEET FROM T	HE Edst	LINE OF SEC. 28	TWP. 245 RGE. 3	37E NMPM	//////			
					12. County			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	++++++	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MMM	Lea			
	//////						IIIIII	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>†††††</i> ;		<u>TITITITITITITI</u>		<u>IIIII</u>			
	///////		19. Proposed Depth 4900'	19A. Formation		20. Rotary or		
21. Elevations (Show whether DF, R		<u> </u>		San Andr	.,l	Rotary		
2 Elevenous (Snow whether Dr, R	(1, etc.)	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Unknown		22. Approx.	. Date Work wi 76	ll start	
23.		I	1					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13-3/4"	9-5/8"	32.2#	1200'	800	circulate
<u> </u>	7"	20#	4900'	750	circulate
	I	I	l	ł .	

Blow out equipment will be reported when contractor is determined.

TITLE.

APPROVINI VALID FOR 20 2013 UNLESS EILLIG COMMENCED, EXPIRES Jun. 20, 197

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 BLOWDUT PREVENTER PROGRAM, IF ANY.

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

alla Title Mgr., Administrative Services Date 10-19-76 Signed (This space for State Use)

_ DATE_____

hima OF APPROVAL,

ED BY