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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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"/>				8. Term or Lease Name	
2. Name of Operator Cities Service Company				9. Well No. 3	
3. Address of Operator Box 1919 Midland, TX 79702				10. Field and Pool, or Well at Langlie Mattix 7 Rivers Queen	
4. Location of Well UNIT LETTER <u>J</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>19</u> TWP. <u>24S</u> RGE. <u>37E</u> NMPM				11. County Lea	
19. Proposed Depth 3,700'				19A. Formation 7 Rivers Queen	
21. Elevation (Show whether DT, KT, etc.) 3280.8' GR				21B. Drilling Contractor Rotary	
21A. Kind & Status Plug. Bond Required/Approved				22. Approx. Date Work will start 3/26/79	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24	450'	200	Circulated
7-7/8"	5-1/2"	14	3700'	300	Circulated

The blowout prevention program is as follows:

1. one set of blind rams.
2. one set of drill pipe rams.
3. one Hydril.

THE FOLLOWING INFORMATION IS NOTED:
 DATA FOR 12 1/2" TAPPING 5 1/2"
 CASING.

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 [Signature] Title Region Operations Manager Date 3/16/79

(This Space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE MAR 19 1979

CONDITIONS OF APPROVAL, IF ANY: