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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-101
Revised 1-1-75

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <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. Farm or Lease Name Thomas "A"	
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 Wildcat Langlie Mattix Seven 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	
20. Rotary or C.T. Rotary					
21. Elevations (Show whether DE, RT, etc.) 3280.8' GR		21A. Kind & Status Plug. Bond Required/Approved		21B. Drilling Contractor Not Released	
				22. Approx. Date Work will start November 14, 1978	

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.

****Cement on the production casing must be brought from the top of the salt or anhydrite to the surface casing. You can do this by either circulating the production casing with cement, or a DV tool at the top of the salt.**

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 10-30-78

(This space for State Use)

SUPERVISOR DISTRICT 1

APPROVED BY [Signature] TITLE

CONDITIONS OF APPROVAL, IF ANY:

****SEE ABOVE**

DATE NOV 1 1978