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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"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 South Langlie Jal Unit	
b. Type of Well OIL WELL <input 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 South Langlie Jal Unit	
2. Name of Operator Reserve Oil, Inc.		9. Well No. 28	
3. Address of Operator 312 HBF Building, Midland, Texas 79701		10. Field and Pool, or Wildcat Jalmat (Oil)	
4. Location of Well UNIT LETTER I LOCATED 1923 FEET FROM THE South LINE AND 1111 FEET FROM THE East LINE OF SEC. 18 TWP. 25S RGE. 37E NMPM		12. County Lea	
19. Proposed Depth 3650'		19A. Formation 7 Rivers-Queen	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) GL = 3096.4	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Su-Marr Drlg. Co.	
22. Approx. Date Work will start 4-2-79			

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#	600'	400	Surface
7 7/8"	5 1/2"	15.5#	3,650'	* 1000	Surface

* Will cement back to surface from shoe.

Will use 10", 900 series Double Hydraulic Rams (Pipe & Blind)
w/closing unit.

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 Deanna R. Chandler Title District Engineer Date 4-11-79

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE APR 13 1979

CONDITIONS OF APPROVAL, IF ANY: