	<u> </u>			3	7-17	5-58	094	
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DISTRIBUTION	NEW	Form C-101						
SANTA FE					Revised 1-1-	-65 		
FILE				:	5A. Indica	e Type of L	ease	
U.S.G.S.					STATE		FET X	
LAND OFFICE					5. State Oi	l & Gas L ea	se No.	
OPERATOR					·····	~~~~	******	
ADDITION FOR REPAIT TO ADILL DEEDEN OF BLUC BACK								
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 16. Type of Work						eement Nam	<i>TIIIII).</i>	
	- ,	·				constit train	•	
b. Type of Well PLUG BACK						8. Farm or Lease Name		
OIL GAS X OTHER SINGLE XX MULTIPLE ZONE						Northshore Woolworth		
2. Name of Operator						9. Well No.		
Doyle Hartman						6		
3. Address of Operator						10. Field and Pool, or Wildcat		
P. O. Box 10426 Midland, Texas 79702					Jalmat (Gas)			
4. Location of Well UNIT LET	TER E LOC	ATED 1720	FEET FROM THE North	LINE				
	**	2.2	240 2	75				
AND STORY FEET FRO	THE West LIK	E OF SEC. 33	TWP. 245 RGE. 3	7E NMPM	12. County	m	HHH.	
					Lea			
HHHHHHHH	<i>HHHHHH</i>	<i>HHHHH</i>		777777	TITT.	111111	4444	
			1 1	19A. Formation		20. Hotary		
			1	ates-Sev				
21. Lievations (Show whether L		& Status Plug. Bond	21B. Drilling Contractor		1	x. Date Work		
3162.0	Multi-v	well Approved	Not Selected] Jan	uary 198	33	
23.	P	ROPOSED CASING A	ND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FO	OT SETTING DEPTH	SACKS OF	CEMENT	ES.	Т. ТОР	
12 1/4"	9 5/8"	36.0	400	300		Surface		
8 3/4"	7''	23.0	3350	700	O Surface		face	
	•	•	·					
This pr	oposed well will	be drilled t	o a total depth o	of 3350 f	eet			
and wil	1 be completed as	s a Jalmat (Y	ates-Seven Rivers	s) gas pr	oducer.			
			rough the running					
					111-			
product	ion casing, the	well will be	equipped with a 3	SUUU psi	doubte			
ram BOP	system.							
		.1	111 boo na	corrionels	, boon			
Note:	Any gas produced	from the pro	posed well has pr			100	~	
	dedicated to El	Paso Naturai	Gas Company. A	PPROVAL N	/ALID FOR	180	DAYS.	
R-1247				PERMIT E		UNDERW	ΔY	
1 - 1/64 /	350505ED 550055444 15 1	PROPOSAL IS TA BEFRE	N OR PLUG BACK, GIVE DATA O					
VE ZONE, GIVE BLOWOUT PREVE	NTER PROGRAM, IF ANY.							
hereby certify that the informa	tion above is true and comp	lete to the best of my	knowledge and belief,					
and Farry (1) l:	TitleEn	gineer		Date	12/14/8	32	
(This space for	Para Para							
ODICINAL	SIGNED BY JERRY SEXT	ON						
PPROVED BY DIS					DATE_N	IAR 6	1002	
DUDITIONS OF ADDRESS	IF ANN.	· · ·				, ut G	1003	

CONDITIONS OF APPROVAL, IF ANY:

