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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

May 31 7 19 AM '67

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Lohmann Oil Service, Inc.				7. Unit Agreement Name	
3. Address of Operator 2021 West Broadway Place Hobbs, New Mexico				8. Farm or Lease Name Crosby	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>5</u> TWP. <u>8-S</u> RGE. <u>30-E</u> NMPM				9. Well No. 2	
				10. Field and Pool, or Wildcat Undesignated	
				12. County Chaves	
21. Elevations (Show whether DF, RT, etc.) 4090' DF (est.)		21A. Kind & Status Plug. Bond Blanket - Permanent		19. Proposed Depth 3650'	
		21B. Drilling Contractor Not selected		19A. Formation San Andres	
				20. Rotary or C.T. Rotary	
				22. Approx. Date Work will start July 1, 1967	

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"	20#	450'	300	circ.
7 7/8"	4 1/2"	9.5#	T.D.	300	base of salt

Drill a well to a TD of 3650' to test the San Andres formation.
API 3M Rd. Blowout Preventer program will be used.

APPROVED
FOR STATE
DRILLING PERMIT
EXPIRES 5-31-67

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 President Date May 26, 1967

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: