SUBMIT IN TRIPITY TE\* F m 9-331 C (May 1963)

(Other instructio.

Form approved. Budget Bureau No. 42-R1425.

AMENDED	UNI I DEPARTMENT	ED STATES OF THE IN	reverse si	ide) 			
	GEOLOG		5. LEASE DESIGNATION AND SERIAL NO. NM 0523201				
APPLICATION	I FOR PERMIT T	BACK	6. IF INDIAN, ADLOTTEE OR TRIBE NAME				
1a. TYPE OF WORK  DRI b. TYPE OF WELL	LL 🗗	DEEPEN 🗌	PLUG BACK 7. UNIT AGREEMENT NAME				
OII. GA	S OTHER		SINGLE MULTIP ZONE ZONE	LE _	8. FARM OR LEASE NAME  K. G.		
	M. O. Dav		9. WELL NO.				
3. ADDRESS OF OPERATOR		_	2				
(P)	1203 E. 56th S		10. FIELD AND POOL, OR WILDCAT  E. K. Queen				
At surface	•	-	11. SEC., T., R., M., OR BLK.				
	rom East line,		AND SURVEY OR	REA			
At proposed prod. zon-	e		Sec. 19,	T185, R34E.			
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*					12. COUNTY OR PARIS	H 13. STATE New Mexic	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)			6. NO. OF ACRES IN LEASE		O. OF ACRES ASSIGNED THIS WELL.		
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.			19. PROPOSED DEPTH 20. ROT		Rotary		
21. ELEVATIONS (Show whe	ther DF, RT, GR, etc.)		<u> </u>		22. APPROX. DATE WORK WILL START*		
23.	P	ROPOSED CASING	AND CEMENTING PROGRA	AM	1		
SIZE OF HOLE	SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPT			QUANTITY OF CEMENT			
8 3/4	7''	2,0#	300'	i	Circulate cement		
6 1/4	4 1/2"	/1#	46501	2:	230 Sacks		
		100	4				
Plan t	c drill well th	rough Queen	formation at appr	oximate	ly 46501 and		
cement	$1/2^{6}$ casing	with 230 sad	cks of cement. Wi	11 perfe	orate and		
treat	to put well on	production.	and the second				
and the second s		To the second		NA COLUMN			
This is an a 1930' from n	mended applicat orth line and 2	ion to chang 310' from ea	e well location f is <b>t line o</b> f sec. l	9 to	)		
that shows a							

zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. Havel Care	TITLE	agent	DATE 11/5/68
(This space for Federal or State office use)		. 15	=n \
PERMIT NO.		APPROVAL DATE	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY :	TITLE	NOV PROVING	DATE