| NO. OF COPIES RECEIVED                                                                                               |                                                  |                                                  |                    |                            |                       |                                     |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------|----------------------------|-----------------------|-------------------------------------|--|
| DISTRIBUTION                                                                                                         | NEWA                                             | EXICO OIL CONSEI                                 | RVATION COMMISSI   | ON                         | Form C-101            | 3-1-271                             |  |
| SANTA FE                                                                                                             |                                                  |                                                  |                    |                            |                       | Type of Lease                       |  |
| FILE                                                                                                                 |                                                  |                                                  |                    |                            | STATE                 |                                     |  |
| U.S.G.S.                                                                                                             |                                                  |                                                  |                    |                            |                       | Gas Lease No.                       |  |
| LAND OFFICE                                                                                                          | <del>  </del>                                    |                                                  |                    |                            |                       |                                     |  |
| OPERATOR                                                                                                             | <u></u>                                          |                                                  |                    |                            | IIIIII                |                                     |  |
| APPLICATION                                                                                                          | FOR PERMIT TO                                    | DRILL DEEPEN.                                    | OR PLUG BACK       |                            |                       |                                     |  |
| 1a. Type of Work                                                                                                     | TT OK F ZIGHT 19                                 |                                                  |                    |                            | 7. Unit Agree         | ment Name                           |  |
| _                                                                                                                    |                                                  | DEEPEN                                           | PLU                | G BACK                     |                       |                                     |  |
| b. Type of Well                                                                                                      |                                                  |                                                  |                    |                            | 8, Farm or Lease Name |                                     |  |
| OIL GAS WELL WELL                                                                                                    | OTHER                                            |                                                  | ZONE N             | ZONE                       | WILSON                | 1                                   |  |
| 2. Name of Operator                                                                                                  |                                                  |                                                  |                    |                            | 9. Well No.           |                                     |  |
| STANDARD FIROTUCIN                                                                                                   | G CORP.                                          |                                                  |                    |                            | 10 Field and          | Pool, or Wildcat                    |  |
| 3. Address of Operator                                                                                               |                                                  |                                                  |                    |                            |                       |                                     |  |
| 1333 BANK OF THE SOUTHWEST BUILDING, HOUSTON, TEXAS 27002                                                            |                                                  |                                                  |                    |                            |                       | VIIIIIIIIIIIIII                     |  |
| 4. Location of Well UNIT LETTER LOCATED SCOTT FEET FROM THE SCOTT                                                    |                                                  |                                                  |                    |                            |                       |                                     |  |
|                                                                                                                      | •                                                |                                                  |                    |                            |                       |                                     |  |
| AND 1980 FEET FROM                                                                                                   | THE                                              | OF SEC. 2                                        | TWP. TREE.         | Tirring                    | 12. County            | /////////////////////////////////// |  |
|                                                                                                                      |                                                  |                                                  |                    |                            | LEA                   |                                     |  |
| 444444444444                                                                                                         | HHHHHH                                           | HHHHHH                                           | HHHHH              | <i>HHHH</i>                | ritititi.             |                                     |  |
|                                                                                                                      |                                                  |                                                  |                    |                            |                       |                                     |  |
|                                                                                                                      | <del>/////////////////////////////////////</del> | <del>/////////////////////////////////////</del> | 19. Proposed Depth | 19A. Formati               | ion                   | 20. Rotary or C.T.                  |  |
|                                                                                                                      |                                                  |                                                  | 9,000              | Ano !                      | िद्रहर                | ROTARY                              |  |
| 21. Elevations (Show whether DF,                                                                                     | RT, etc.) 21A. Kind                              | & Status Plug. Bond                              |                    | or                         | 22. Approx.           | . Date Work will start              |  |
| 3715                                                                                                                 |                                                  | WELL                                             |                    |                            | JONE                  | 20, 1970                            |  |
| GROUND                                                                                                               |                                                  |                                                  | D CENEUT BROCKA    | •                          |                       | •                                   |  |
|                                                                                                                      | Р                                                | ROPOSED CASING AN                                |                    |                            |                       |                                     |  |
| SIZE OF HOLE                                                                                                         | SIZE OF CASING                                   | WEIGHT PER FOO                                   | T SETTING DEP      | TH SACKS                   | OF CEMENT             | EST. TOP                            |  |
| 17"                                                                                                                  | 17 3/8                                           | 36                                               | 330                | 3                          | 50                    | GIRCULATE                           |  |
|                                                                                                                      | 13 3/8<br>8 5/8                                  | 25-                                              | <b></b>            | 35                         | -                     | 3000                                |  |
| 7 7/8"                                                                                                               | 5 1/2                                            | 15.5                                             | 2000               | 1 3                        | 350                   | 7900                                |  |
| 7 7/6                                                                                                                | . 5                                              |                                                  |                    |                            |                       |                                     |  |
| APPROVA FOR 90 DAY DRILLING CO                                                                                       | S UNLESS                                         |                                                  | 24                 | HE COMM<br>HOURS<br>ASING. | ISSION MU<br>PRIOR TO | JST BE NOTIFIED<br>RUNNING 133/8    |  |
| IN ABOVE SPACE DESCRIBE PTIVE ZONE. GIVE BLOWOUT PREVEN  I hereby certify that the informat  Signed  (This space for | ion above is true and com                        | TitleAG                                          |                    | TA ON PRESENT              | _ Date <b>5</b>       |                                     |  |
| CONDITIONS OF APPROVAL,                                                                                              | F / U ( LOMEN<br>IF ANY:                         | ATITLE                                           |                    |                            | _ DATE                |                                     |  |

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