. Elevations (Show whether DF, R	T, etc.) 21A.	Kind & Status Plug. Bor	nd 21B. Drilling Contra	ctor	22. Approx. I	Date Work will start
				15,500	Devon	ian	Retary
HHHHH	<i>HHHHHH</i>	HHHHH	*********	19. Proposed Depth	19A. Formation	n 2	0. Rotary or C.T.
///////							
******	HHHHH	<i>HHHHH</i>	<i>4111111111111</i>	*******	HHHHHH	tuutuut	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
						Lea	
° 660	FEET FROM TH	West	LINE OF SEC. 23	TWP. 14-S RGE.	36 E NMPM	12. County	, <i>,,,,,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,
				14.0	06 B		
Location of W	UNIT LETTER _	L	LOCATED 1980	FEET FROM THE	tir Line		
750			Ft. Worth, To	exas 76102	1 I	- Wildca	
Address of Op					0 -	2	Pool, or Wildcat
	liam K. You	ng				1	5 I IVII I -
Name of Oper						9. Well No.	
OIL WELL	GAS WELL	OTHER		SINGLE ZONE	ZONE	Pior e	et al
Type of Well						8. Farm or Lea	
	DRILL X		DEEPEN	PL	UG BACK		
Type of Work		******				7. Unit Agreem	nent Name
	APPLICATION	FOR PERMIT	TO DRILL, DEEPI	EN, OR PLUG BACK			
	I						
PERATOR							
AND OFFIC	E					.5, State Oil &	Gas Lease No.
.S.G.S.						STATE	FEE X
ILE						5A. Indicate T	ype of Lease
ANTA FE			NEW MEXICO OIL CO	NSERVATION COMMIS		Form C-101 Revised 1-1-65	
DISTRIBL				NEEDVATION COUNT	CION		

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 ¹ 2"	13/3/8"	54.5 & 68	375	400	Circulate
12'4"	9 5/8"	36 & 40	4700	2500	Circulate
8 3/4"	5 1/2"	17 & 20	15,500	2000	8500

Purpose to drill well to test Devonian Formation.

- Cement to be circulated on 13 3/8" casing and 9 5/8" casing. Plan to test all significant shows.
- Completion or abandonment will be performed in accordance with prudent practices and regulatory body requirements. A double ram series 900 BOP and choke manifold will be used from surface casing point to 9 5/8" casing point. A double ram series 1500 BOP and choke manifold will be used from 9 5/8" casing point to total depth.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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 I Te Montgomery	_{Title} _ District Engineer	Date Feb. 8, 1979
(This space for State Use)	SUPERVISOR DISTRICT	FEB 12 1979
CONDITIONS OF APPROVAL, F ANY:		