NO, OF CUPTES RECEIVED				30-025-26489	
DISTRIBUTION	EW MEXICO OIL CO		Form C-101		
SANTA FE			,	Revised 1-1-65	
FILE				5A. Indicate Type of Lease	
U.S.G.S.				STATE X FEE	
LAND OFFICE			.5, State Oll & Gus Lease No.		
OPERATOR			0G-129		
APPLICATION FOR					
1a. Type of Work				7. Unit Agreement Name	
				Kemnitz Deep WI U.	
b. Type of Well				8. Farm or Lease Name	
	0. HER	SINGLE MULTIN	DNE	Kemnitz Deep LF-20	
2. Name of Operator				9. Well No.	
Tenneco Oil Company				#1	
3. Address of Operator		· · · · · · · · · · · · · · · · · · ·	•	10. Field and Pool, or Wildcat	
6800 Park Ten Boulev	vard, Suite 200 N.	, San Antonio, Te	exas	<del>Kemnitz</del> (Undesig.)	
	LOCATED 990	FEET FROM THE South	LINE	//// <b>////////////</b> ////////////////////	
			1.F	X/////////////////////////////////////	
AND 1980 FEET FROM THE	West LINE OF SEC. 20	TWP. 165 RGE. 34	E NMPM	77777777777777777777777777777777777	
				12. County	
			$\overline{1111}$	Lea	
**************	<del>/////////////////////////////////////</del>		L. Formution		
<i>illillillilli</i>		13,200	Atoka-	Morrow Rotary	
21. Elevations (Show whether DF, RT, etc.	.) 21A. Kind & Status Flug. Bo	nd 21B. Drilling Contractor		22. Approx. Date Work will start	
4126 GL	Blanket #248-0	74 Ard		October, 1979	
23.					

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PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2*	13 3/8"new	48#H-40	350	Cement to ci	rculate
11"		32#K-55	4500	Cement to ci	rculate
7 7/8"	5 1/2"new	17#N-80	9600	-	-
, ,,,,		17#S-95	13100	l _	±11,700

APPROVAL VAUD FOR 50 DAYS UNLESS DRILLING COMMENCED,

29 Dec. EXPIRES -

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 Theodore Klermit	 Date Sept. 25, 1979
(This spage for State Use) APPROVED BY Jour W. Munyan	DATE OCT -1 19/9
CONDITIONS OF APPROVAL IF ANY:	