

Submit to Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Minerals and Natural Resources Department

Form O&G
Revised 1-1-81 *BLM*
CM

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1989, Hobbs, NM 88249

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD of New Mexico) *30-015-27091* *St CP*
5. Indicate Type of Lease
STATE FEE
6. State Oil & Gas Lease No.
B-7071

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL RE-ENTER DEEPEN PLUG BACK
b. Type of Well:
OIL WELL GAS WELL OTHER
SINGLE ZONE MULTIPLE ZONE
2. Name of Operator
Mewbourne Oil Co. ✓
3. Address of Operator
P.O. Box 5270 Hobbs, NM 88241
7. Lease Name or Unit Agreement Name
Loco Hills State
8. Well No.
#5
9. Pool name or Wildcat
 Walters Lake Bone Springs pool

4. Well Location
Unit Letter G : 2130 Feet From The North Line and 1980 Feet From The East Line
Section 2 Township 185 Range 30E NMPM Eddy County

10. Proposed Depth
7400
11. Formation
Bone Springs
12. Rotary or C.T.
Rotary
13. Elevations (Show whether DF, RT, GR, etc.)
3629 GL
14. Kind & Status Plug Bond
Blanket on File
15. Drilling Contractor
Peterson Drig Co.
16. Approx. Date Work will start
Upon approval

17. 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	48#	550'	200 sx	circ
12 1/4	9 5/8	36#	2100	350 sx	circ
8 3/4	5 1/2	17#	7400	500 sx	Tie back into surface.

BOP Program: Schaffer LWS or equivalent (Double Ram Hydraulic) 1500 Series BOP, 1500 series Hydril, and 8 5/8 surface casing.

MUD Program: 0-500' Fresh Water spud mud w/gel. LCM as needed.

550-2100 Brine water, lime and LCM as needed.

2100-6600 Cut Brine, lime and LCM as needed wt. 9.0-9.2

6600-7400 Cut Brine, Drispac, soda ash, caustic soda, starch, LCM as needed. Wt. 9.0-9.2.

*Post ID-1
9-4-92
New Doc + API*

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/26/93
UNLESS DRILLING UNDERWAY

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.

SIGNATURE *Kelly Ryan* TITLE District Supt. DATE 8-26-92

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS TITLE _____ DATE AUG 27 1992
APPROVED BY SUPERVISOR, DISTRICT II

CONDITIONS OF APPROVAL, IF ANY: _____

10/10/10

10/10/10

10/10/10

10/10/10