

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

State of New Mexico
Encl Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87501

MAY 13 1992

O.C.D.
REGISTRATION OFFICE

API NO. (assigned by OCD on New Wells)

30-015-25133

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-991-2 & V-993-1

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 ☐

7. Lease Name or Unit Agreement Name

IB 32 State

2. Name of Operator

Citation Oil & Gas Corp

8. Well No.

1-Y

3. Address of Operator

8223 Willow Place South Ste 250 Houston, Texas 77070-5623

9. Pool name or Wildcat

Indian Basin

4. Well Location

Unit Letter M : 1270 Feet From The South Line and 660 Feet From The West Line

Section 32 Township 21S Range 24E NMPM Eddy County

10. Proposed Depth

±9558'

11. Formation

Cisco Dolomite

12. Rotary or C.T.

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13. Elevations (Show whether DF, RT, GR, etc.)

4295' GR

14. Kind & Status Plug. Bond

50,000/Current

15. Drilling Contractor

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16. Approx. Date Work will start

5-ASAP-92

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"	54.5#	524'	2200	Surface
11"	9 5/8"	32.3 & 36#	2405'	1640	Surface
8 1/2"	7"	26#	8132'	950	Surface
5" Liner 7560' - 10,200'				400	

See Attached: Cisco Dolomite Recompletion procedure

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/14/92
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 Sharon Ward TITLE Production Regulatory Supv DATE 5-4-92

TYPE OR PRINT NAME Sharon Ward

TELEPHONE NO. 713-469-9664

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 14 1992

CONDITIONS OF APPROVAL, IF ANY: