Form C-101 / Revbad 1-1-89
Form C 101
Kerbal 1-1-89

Submit to Appropriate District Office State Lease - 6 copies Foo Lease - 5 copies	E y	State of New Mexico L y, Minerals and Natural Resources Departm		Form C-101 () Revbed 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NI				API NO. (assigned by OCD on New Wells) 5. Indicate Type of Lease	
<u>DISTRICT II</u> P.O. Drawer DD, Anesia,	Santa Fe, New Mexico 87504-2088 Santa Fe, New Mexico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Azie	ec, NM 87410		AUG 22 '90	6. State Oil & Gas Lease	No.
APPLICA	TION FOR PERMIT	TO DRILL, DEEPEN,	OR PLØG®ACK	111111111111111111111111111111111111111	
1a. Type of Work:			ARTESIA, OFFICE	7. Lease Name or Unit A	greement Name
DRIL b. Type of Well: OL GAS WELL X WELL	L RE-ENTE	R DEEPEN SINGLE	PLUG BACK X MULTIPLE ZONE	South Culebra	
2. Name of Operator				0 11/11 21	
RB Operating Company / 2					
3. Address of Operator 9. Pool name or Wildcat					·
1 2/12 N C 1 1 2 1 201 21 21 21 21 21 21 21 21 21 21 21 21 21			E. Loving (Dela	aware)	
4. Well Location Unit Letter J			Line and 2032	Feet From The	East L
Section 14 Township 23S Range 28E NMPM Eddy County					
10. Proposed Depth 11. Formation 12. Rotary or C.T. 6350 PBTD Delaware					
13. Elevations (Show whether 2982.3 GR	er DF, RT, GR, etc.)	14. Kind & Stanus Plug. Bood Blanket	15. Drilling Contractor	16. Approx. 1	Date Work will start
17.	PF	ROPOSED CASING AN	ND CEMENT PROGE		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	16	65	478	1575	Surface
12-1/4	10-3/4	40.5	3108	1500	Surface
9-1/2 6-1/2	7-5/8 4-1/2	26.4-29.7-33.7	9959	1700	3100
The well is c	urrently product	15.1 ing from the Atok	9198-13130 a through perfs	600 11,486' to 11,493 350', spot 20' ce	9198

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/22/61
UNLEGS OFFLUING UNDERWAY

IN ABOVE SPACE DES	CRIBE PROPOSED PROGRAM: IF PROPOSAL 1 TENTER PROGRAM, IF ANY.	IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT P	RODUCTIVE ZONE AND PROPOSED NEW PRODUCTI
I hereby certify that the infor	mution above is true and complete to the best of my kind	rwledge and belief.	
SIGNATURE	James L. Shatzsall		DATE <u>8/20/90</u> (915) TELEPHONE NO.362-6302
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF	TIDE	AUG 2 3 1990
CONDITIONS OF APPROVAL, I	FWY: * As Noted Above		DATE