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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
OCT 13 '89
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-26213

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
South Culebra Bluff 23

2. Name of Operator
RB Operating Company

8. Well No.
2

3. Address of Operator
2412 N. Grandview, Suite 201, Odessa, Texas 79761

9. Pool name or Wildcat
E. Loving (Delaware)

4. Well Location
Unit Letter L : 660 Feet From The West Line and 1880 Feet From The South Line

Section 23 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6500'	Delaware	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3010 GR	Blanket	NA	11-1-89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	24#	550	500	Surface
7-7/8	5-1/2	17/15.5#	6500	1500	2500

1. Drill 12-1/4" hole to a depth of 550 feet.
2. Set 8-5/8" casing to 550' and cement same to surface.
3. Test casing and BOP's to 1500 psi prior to drilling out shoe joint.
4. Drill 7-7/8" hole to a depth of 6500', log and evaluate.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-19-90
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 _____ TITLE Production Manager DATE 10-6-89

TYPE OR PRINT NAME F. D. Schoch TELEPHONE NO. 915/362-6302

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE _____ DATE OCT 20 1989

CONDITIONS OF APPROVAL, IF ANY: