

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

State of New Mexico
Department of Minerals and Natural Resources

Form C-101
Revised 1-1-89

26820

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 87504-2088

SEP - 9 1991

O. C. D.

API NO. (assigned by OCD on New Wells)

30-015-~~62224~~

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

NM -V-3605

7. Lease Name or Unit Agreement Name

Molly State

8. Well No.

2

9. Pool name or Wildcat

Livingston Ridge (Delaware)

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

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, Texas 79762

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 1 Township 22-S Range 31-E NMPM Eddy County

10. Proposed Depth

8700'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

3566' (Unprepared)

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Advise Later

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"	54.5#	850'	1200 sx C	Surface
12-1/4"	8-5/8"	24 & 32#	4500'	1200 sx C & Tail 200	sx C Surface
7-7/8"	5-1/2"	15.5 & 17#	8700'	1st stage 400 sx C neat	7000

2nd stage 200 sx C. . . 4000

Tail 300 sx C neat. . . 6000

BOP EQUIPMENT SERIES 900, 3000# WP (see attached schematic)

Mud Program Attached

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 3/11/92

UNLESS DRILLING UNDERWAY

NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITNESS CEMENTING THE
13 3/8 - 8 5/8 - 5 1/2 CASING

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

Mike Williams

TITLE Supervisor Reg. Propagation DATE 9-5-91

TYPE OR PRINT NAME

L. M. Sanders

915/368-1667
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

SEP 11 1991
DATE

CONDITIONS OF APPROVAL, IF ANY: