

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

CIDF
BLM
SL
Op

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

API NO. (assigned by OCD on New Wells)

30-015-27094

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6442

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

Poker Lake 32 State

2. Name of Operator

Enron Oil & Gas Company ✓

8. Well No.

2

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat

Wildcat Delaware ✓

4. Well Location

Unit Letter

G

: 1980

Feet From The

north

Line and

1980

Feet From The

east

Line

Section

32

Township

23S

Range

31E

NMPM

Eddy

County

10. Proposed Depth

8050

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

3364.8'

14. Kind & Status Plug. Bond

Blanket-Active

15. Drilling Contractor

Unknown at present

16. Approx. Date Work will start

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	700	700	Circulated
11	8-5/8	24 & 32	4150	1100	Circulated
7-7/8	5-1/2	15.5 & 17	8050	200	7000

Post ID-1
9-4-92
New Doc x API

Acreage is dedicated.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/27/93
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

Betty Gildon

TITLE

Regulatory Analyst

DATE

7/29/92

TYPE OR PRINT NAME

Betty Gildon

915/686-3714

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

AUG 27 1992

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITHNESS CEMENTING THE
133/8125/2 CASING