Submit to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

State Lease - 6 copies
Fee Lease - 5 copies

OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

MAY 15'30

API NO. (assigned by OCD on New Wells)

	STATE	FEE
State Oil & Gas Le	ase No.	

DISTRICT III 1000 Rio Brazos Rd., Azteo	c, NM 87410			Cig Call	1	te Oil & Gas Lease I	No.	
APPLICAT	ION FOR PERMIT	TO DRILL, DE	EPEN, C	OR PLACE BACK	TOE VIIII			
la. Type of Work:					7. Lea	ise Name or Unit Ag	greement Name	
DRILL b. Type of Well: OIL GAS	RE-ENTE	R DEEPE	N SINGLE	PLUG BACK		MERLAND		
MEIT A MEIT C	OTHER		ZONE	ZONE				
2. Name of Operator CHI OPERAT	ING, INC.				8. We	11 No.	ê	
3. Address of Operator					9. Poo	ol name or Wildcat	· · · · · · · · · · · · · · · · · · ·	
P. O. BOX	1799, MIDLAND	, TX 79702			รอบา	TH CARLSBAD	<pre>- DELAWARE</pre>	
4. Well Location Unit Letter E	: 660 Feet	From TheWE	ST	Line and 1	,980	Feet From The	NORTH Li	ine
Section 30	Tow	aship 22S	Ran	nge 27E	NMPM	EDDY	County	
								24
		///// 10. Prop	osed Depth 4,00)n	11. Formation DELAWA	RF	12. Rotary or C.T. ROTARY	
13. Elevations (Show whether	TOF RT GR etc.)	14. Kind & Status I	 	15. Drilling Cont			Date Work will start	\dashv
3186		50,000 BL		WEK DRIL		05/25		1
17. PROPOSED CASING AND CEMENT PROGRAM								
SIZE OF HOLE	SIZE OF CASING	WEIGHT PE	R FOOT	SETTING DEP	TH SACK	S OF CEMENT	EST. TOP	
12 1/4	8 5/8	24#		500 °		200	SURFACE	
								
7 7/8	4 1/2	11.6#		4,000'		900	SURFACE	

It is proposed to drill this well to a T.D. of 4000' and test the Delaware formation. The blowout prevention program is as follows:

BOP is a 11" (3,000 psi) Shaffer Type "E" with double hydraulics.

Post ID-1 5-25-90 New Loc + API

APPROVAL VELID FOR 180 DAYS
PESK IT EXPIRES 11-21-90 UNITIES DAILLING UNDERWAY

APPROVED BY	SUPERVISOR, DISTRICT IT	170 F	MAY 2 1 1990
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		
TYPE OR PRINT NAME	DAVID H. HARRISON		(915) Telephone no. 685–5001
I hereby certify that the inf	ormation above is true and complete to the best of my k	crowledge and belief. PRESIDENT	DATE 05/11/90
IN ABOVE SPACE DI ZONE, GIVE BLOWOUT PR	ESCRIBE PROPOSED PROGRAM: IF PROPOSA EVENTER PROGRAM, IF ANY.	L IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PR	ODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE

CONDITIONS OF APPROVAL, IF ANY: