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O. C. D.
ARTESIA, OFFICE

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-27701

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-5229-4

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: James Ranch Unit

2. Name of Operator: Enron Oil & Gas Company

8. Well No. 31

3. Address of Operator: P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat: Undesignated, BONE SPRING-DELAWARE

4. Well Location
Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line

Section 36 Township 22S Range 30E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
9400	Bone Spring/Delaware	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3317.4' GR	Blanket-Active	Unknown	8/15/93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
~~14-3/4~~ 17½	~~11-3/4~~ 13⅜	42#	600	225	Circulated
~~11~~ 12¼	8-5/8	32#	3900	800	Circulated
7-7/8	5-1/2	15.50# & 17#	9400	800	3400'

Acreage is dedicated.

IA-1
10-8-93
NL + API

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 5/20/93

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 8 1993

CONDITIONS OF APPROVAL, IF ANY:
NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE 13⅜, 8⅝ CASING

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-8-94
UNLESS DRILLING UNDERWAY

* AS NOTED ABOVE