

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-043-20631

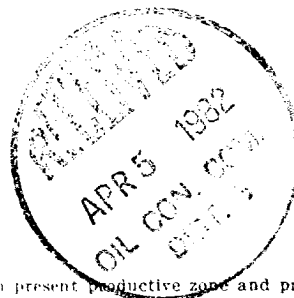
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. TYPE OF WORK DRILL ☒ DEEPEN ☐ PLUG BACK ☐		5. LEASE DESIGNATION AND SERIAL NO. NMA 17749	
2. NAME OF OPERATOR Enexco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1111 Cardinas SE #211 Albuquerque, New Mexico 87108		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990' from North line 990' from East line		8. FARM OR LEASE NAME Shirl	
10. FIELD AND POOL, OR WILDCAT Wildcat Entrada		9. WELL NO. # 1	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A Sec. 9 T.16-N R.2-W		12. COUNTY OR PARISH Sandoval	
13. STATE New Mexico		14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 30 Miles S,SW from Cuba New Mexico	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit line, if any) 4,281'		16. NO. OF ACRES IN LEASE 2,460	
17. DISTANCE FROM PROPOSED* LOCATION TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. N/A		18. PROPOSED DEPTH 2,800	
19. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,245'G1		20. ROTARY OR CABLE TOOLS Rotary	
21. APPROX. DATE WORK WILL START* 3/31/82		22. APPROX. DATE WORK WILL START*	

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2	8 5/8	23#	200 Feet	Circulate to Surface
6 1/2	5		2,800 Feet	Circulate to Surface

Blowout Preventer is Ragan 8" Hydraulic Bladder type.



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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED: [Signature] TITLE: Geologist DATE: 3-29-82

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

Hold C104 for C102

u2

NMOCC

