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Form C-101
Revised 1-1-89

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK		API NO. (assigned by OCD on New Wells)	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		6. State Oil & Gas Lease No. B 11125	
7. Lease Name or Unit Agreement Name Northeast Blanco Unit		8. Well No. 450	
9. Pool name or Wildcat Basin Fruitland Coal		10. Proposed Depth 3432'	
11. Formation Fruitland Coal		12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 6349' GL		14. Kind & Status Plug. Bond State Wide	
15. Drilling Contractor		16. Approx. Date Work will start April 1, 1989	
17. PROPOSED CASING AND CEMENT PROGRAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12 1/4"	9 5/8"	36 #	300'
8 3/4"	7"	23 #	3432'
SACKS OF CEMENT		EST. TOP	
207 cuft to		circulate	
910 cuft to		circulate	

Propose to spud in the San Jose formation. Will drill a 12 1/4" hole to a TD of 300'. Surface casing will be run and cemented with cement returns to surface. WOC 12 hours. Test to 600 psi/ 30 mins. Drill an 8 3/4" hole to a TD of 3432' using fresh water mud. No poisonous gases are anticipated. Weighted mud will be used to drill the Fruitland coals. Logs will be run at TD. Production casing will be run and cemented, with cement returns to surface. The drilling rig will be released and a completion unit moved on. Cased hole correlation and bond logs will be run. The Fruitland coals will be perforated and frac'd with a fresh water base gel fluid.

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 William F. Clark TITLE Operations Manager DATE 3/11/89

TYPE OR PRINT NAME William F. Clark TELEPHONE NO. 303/247-072

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

HOLD COPY FOR HSC

3-25-89