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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-161
Revised 11-75

6A. Indicate Type of Lease
STATE FEDERAL

5. State Oil & Gas Lease No.
D-3944

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

7. Unit Agreement Name

8. Farm or Lease Name
Mexico "F"

9. Well No.
4

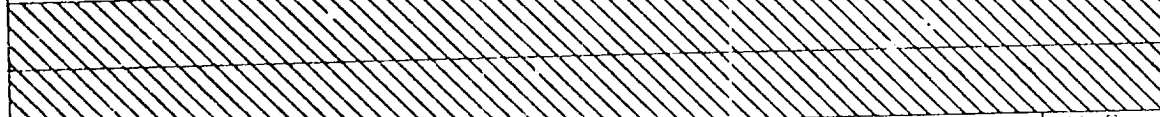
2. Name of Operator
Getty Oil Company

10. Field and Pool, or Wildcat
Denton Wolfcamp

3. Address of Operator
P. O. Drawer DD, Levelland, Texas 79336

4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE
AND 660 FEET FROM THE West LINE OF SEC. 2 TWP. 15 RGE. 37 NMPM

12. County
Lea



19. Proposed Depth 9350'
19A. Formation Wolfcamp
20. Rotary or C.T.

21. Elevations (show whether DF, KI, etc.) 3823' DF
21A. Kind & Status Plug. Bond
21B. Drilling Contractor
22. Approx. Date Work will start 7-15-80

23. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| | 13-3/8" | 44.5 | 325' | 300 sx | Surface |
| Present | 9-5/8" | 40 | 4780' | 2000 sx | 144' |
| | 5-1/2" | 17 & 20 | 12,314' | 150 sx | 9575' |

Present productive zone - Devonian NIO since Sept., 1978. Last production was 1 BOPD & 245 BWPD.

1. Set CIBP @ 12000' w/35' cement on top.
2. Perforate Wolfcamp zone.
3. GIH w/tbg. & packer, spot & displace acid into formation, test.
4. If test good, treat w/2000 gal. acid.
5. POH w/tbg. & packer, run tbg., pump, & rods; & start pumping.

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.

Signed E. P. Morales E. P. Morales Title Area Engineer Date 7-8-80

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE 7-8-80

CONDITIONS OF APPROVAL, IF ANY: