

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

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

API NO. (assigned by OCD on New Wells) 30-025-31472
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-1357

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐			7. Lease Name or Unit Agreement Name Mitchell "16" State		
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐					
2. Name of Operator Meridian Oil, Inc.			8. Well No. 4		
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810			9. Pool name or Wildcat North Young (Delaware)		
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>18 South</u> Range <u>32 East</u> NMPM <u>Lea</u> County					
			10. Proposed Depth 5,800		11. Formation Delaware
13. Elevations (Show whether DF, RT, GR, etc.) 3794' GR		14. Kind & Status Plug. Bond Blanket		15. Drilling Contractor Myers Drilling	
				16. Approx. Date Work will start 11-30-91	
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24	500'	450 sx	circ to surf
7-7/8"	5-1/2"	15.5	5800'	700 sx	circ to surf

DRILLING PROGRAM: Drill 12-1/4" hole to 500', set 8-5/8" csg at 500', cmt w/450 sx. circ. Drill 7-7/8" hole to 5,800'. Set 5-1/ 2" csg at 5,800' and cmt w/700 sx - circ.

MUD PROGRAM: 0-500' fresh water gel and lime; 500-5,800' salt water; MW 9.8-10.2; No abnormal pressures or temperatures expected.

BOP PROGRAM: 10" - 3M BOP stack to be installed on the 8-5/8" casing and left for the remainder of the drilling.

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.

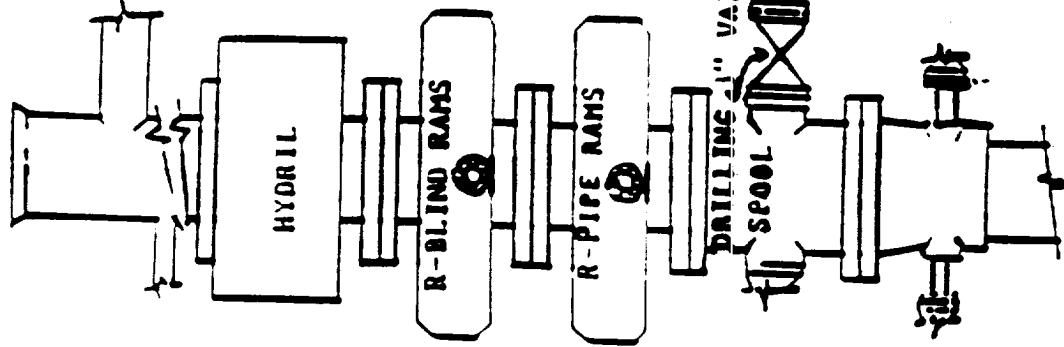
SIGNATURE Connie L. Malik TITLE Regulatory Compliance Rep. DATE 11/25/1

TYPE OR PRINT NAME Connie L. Malik TELEPHONE NO. 915/688-6898

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



BLOW OUT PREVENTION EQUIPMENT
 10" 900s ALL FLANGED CONNECTIONS
 3000# WORKING PRESSURE _ 6000# TEST

168-1 (PM)

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