

30-075-27414

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
N/A

7. Unit Agreement Name
N/A

8. Farm or Lease Name
Holway

9. Well No.
#1

10. Field and Pool, or Wildcat
Undesignated

12. County
Lea

19. Proposed Depth
7100'

19A. Formation
Drinkard

20. Rotary or C.T.
Rotary

21. Elevations (Show whether DF, RT, etc.)
3582.4 GL

21A. Kind & Status Plug. Bond
Blanket (in force)

21B. Drilling Contractor
Tom Brown, Inc.

22. Approx. Date Work will start
6/1/81

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

2. Name of Operator
Tamarack Petroleum Company, Inc.

3. Address of Operator
P. O. Box 2046, Midland, Texas 79702

4. Location of Well
UNIT LETTER 0 LOCATED 660 FEET FROM THE South LINE
AND 1980 FEET FROM THE East LINE OF SEC. 5 TWP. 20S RGE. 38E NMPM

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#	1600'	900 sks.	Circ. to surface
7 7/8"	4 1/2"	10.5#	7100'	625 sks.	5000'

1. Drill 12 1/4" hole to base of salt section.
2. Run 8 5/8" casing and circulate cement, WOC 18 hrs.
3. Test casing and Shaffer 10" Series 900, Type LWS BOPE to 2000#.
4. Drill 7 7/8" hole to bottom to Drinkard Formation.
5. Log well.
6. Run 4 1/2" casing to 7100' and cement with sufficient cement to cover the Glorietta.
7. Test casing to 2000#.
8. Perforate and complete as indicated by logs.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/14/81
UNLESS DRILLING UNDERWAY

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 Randy A. McClay Title District Engineer Date May 7, 1981

(Leave space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR OR DISTRICT DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: