

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

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

API NO. (assigned by OCD on New Wells)
3002525514

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-934

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>			7. Lease Name or Unit Agreement Name NEW MEXICO S STATE		
1b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Well No. 40		
2. Name of Operator EXXON CORPORATION			9. Pool name or Wildcat TUBB OIL & GAS		
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702					
4. Well Location Unit Letter M : 560 Feet From The SOUTH Line and 560 Feet From The WEST Line Section 2 Township 22S Range 37E NMPM LEA County					
		10. Proposed Depth 7600		11. Formation TUBB	12. Rotary or C.T. ROTARY
13. Elevations (Show whether DF, RT, GR, etc.) 3382 KB		14. Kind & Status Plug. Bond BLANKET		15. Drilling Contractor UNKNOWN	16. Approx. Date Work will start ASAP
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13 3/8	9 5/8	36	1104	700	SURF
8 3/4	7	23, 26	7600	2040	SURF

- SET CIBP @ APPROX. 6560' W/ MIN. 35' CMT. ON TOP
- PERF. TUBB APPROX. 5827'-6138'
- AC. APPROX. 3000 GAL
- FRAC APPROX. 225,000 # SD. + 56,000 GAL.
- RETURN WELL TO PROD. IN TUBB

C-102 IS ATTACHED.

THE TUBB WILL BE ABANDONED IN THE NM S ST. #21 (UNIT LETTER L) SO NO SIMULTANEOUS DEDICATION IS NEEDED. ADMINISTRATIVE APPROVAL HAS BEEN REQUESTED UNDER RULE 104 F, 2, 3 & 4, FOR AN UNORTHODOX LOCATION. COPIES OF THE DOCUMENTATION IS ATTACHED.

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 *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 04/30/96

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE DISTRICT I SUPERVISOR TITLE _____ DATE **MAY 06 1996**

CONDITIONS OF APPROVAL, IF ANY: