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

## State of New Mexico Energ, ...nerals and Natural Resources Department

Form C-101 Revised 1-1-89

API NO. (assigned by OCD on New Wells)

ec Lease — 5 copies	OIL CONSERVATION DIVISION
DISTRICT   O. Box 1980, Hobbs, NM \$8240	P.O. Box 2088
OISTRICT II	Santa Fe, New Mexico 87504-2088
.O. Drawer DD, Artesia, NM 88210	

<u> 30-025-310</u>	960 _
5. Indicate Type of Lease	
STATE	FEE XX
4 0 · 0 · 4 0 · 1 · 1	

	STRICT III 00 Rio Brazos Rd., Azte	c, NM 8741	0						N/A	& Gas Lease	No.	
	APPLICA"	TION FOR	R PERMIT T	O DRILL, D	EEPEN, C	)R PL	UG BAC	K				
la.	Type of Work:			· · · · · · · · · · · · · · · · · · ·					7. Lease Na	me or Unit A	greement Name	
ъ.	DRIL. Type of Well:	r 🔀	RE-ENTER	DEE	en 🗌	PLUC	BACK [		Max 0	utman		
	MET X MET [	OTHER			SINGLE ZONE	X	MULTET ZONE					
2	Name of Operator Hanson Opera	ating Co	ompany, I	nc.					8. Well No. 10.			
3.	Address of Operator P. O. Box 15	515, Ros	swell, Ne	w Mexico	88202-	1515			9. Pool san Wantz	e or Wildow Granite	e Wash	
L.	Well Location Unit Letter	<u> </u>	2310 Feet Fr	om The No	orth		Line and	1650	Foot	Prom The	West	Line
	Section 19	9	Towns	hip 225	Ran	ige	38E	١	<b>ІМРМ</b>		Lea	County
				//// 10. Pr	oposed Depth			l l	ormation	_	12. Rotary or	
				//// <u>/</u>	7700 <b>'</b>				<u>nite Was</u>		Rotary	
3.	Elevations (Show wheth	er DF, RT, G	R, esc.)   14	4. Kind & Statu	Plug. Bond		Drilling Co				Date Work will	i
	3339.5' GR			Statewi	<u>.de</u>	<u> </u>	VEK Dri	lling	<u>Co.</u>	Decer	<u>nber 26,</u>	1990
7.			PR	OPOSED C	ASING AN	ID CE	MENT P	ROGR	AM			
	SIZE OF HOLE	SIZE O	FCASING	WEIGHT P	ER FOOT	SET	TING DE	PTH	SACKS OF	CEMENT	EST.	TOP
	17-1/2"	13-	-3/8"	54.5#	K55		350 <b>'</b>		375	sx	Circ	
	12-1/4"	8-	-5/8"	24#			2550'		1100	sx	Circ	
	7-7/8"	5-	-1/2"	15.5#	K55		7700'		1500	sx	Circ 2	stages

It is proposed to drill this well to  $7700' - \frac{1}{2}$  to test Wantz Granite Wash formation. If production is indicated, 5-1/2'' casing will be set as described above for completion.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUG BACK, GIVE DATA ON PRESENT PRODUCT ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	IIVE ZUNE AND PROFUSED NEW PROCA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE SIGNATURE TITLE Production Analyst  TITLE Production Analyst	DATE : 12/05/90
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	