

**OIL CONSERVATION DIVISION**  
 P.O. Box 1980, Hobbs, NM 88240  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DISTRICT I  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)  
 30-D25-32322

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.  
 B-158

7. Lease Name or Unit Agreement Name  
 NM "BZ" STATE NCT-5

8. Well No.  
 5

9. Pool name or Wildcat  
 NORTH SAN SIMON YATES ASSOC.

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

1a. Type of Work:  
 DRILL  RE-ENTER  DEEPEN  PLUG BACK

b. Type of Well:  
 OIL WELL  GAS WELL  OTHER   
 SINGLE ZONE  MULTIPLE ZONE

2. Name of Operator  
 BABER WELL SERVICING COMPANY

3. Address of Operator  
 P.O. BOX 1772, HOBBS, NM 88241

4. Well Location  
 Unit Letter D : 40 Feet From The NORTH Line and 750 Feet From The WEST Line  
 Section 29 Township 21-S Range 35-E NMPM LEA County

10. Proposed Depth  
 4000'

11. Formation  
 YATES

12. Rotary or C.T.  
 ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)  
 3648.9' G.L.

14. Kind & Status-Plug. Bond  
 BLANKET PLUG BOND

15. Drilling Contractor  
 CAPSTAR

16. Approx. Date Work will start  
 DEC. 28, 1993

**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#	400'	400 sx	circ.
7-7/8"	5-1/2"	15.5#	4000'	600 sx	circ.

Drill 12-1/4" hole to ± 400'. Run & cement 8-5/8" casing (circ). Pressure test casing. Drill 7-7/8" hole to ± 4000'. Run & cement 5-1/2", K-55, 15.5#/ft. casing (circ). Complete well in Yates formation. Details on completion procedure to follow.

Approval for drilling ONLY--

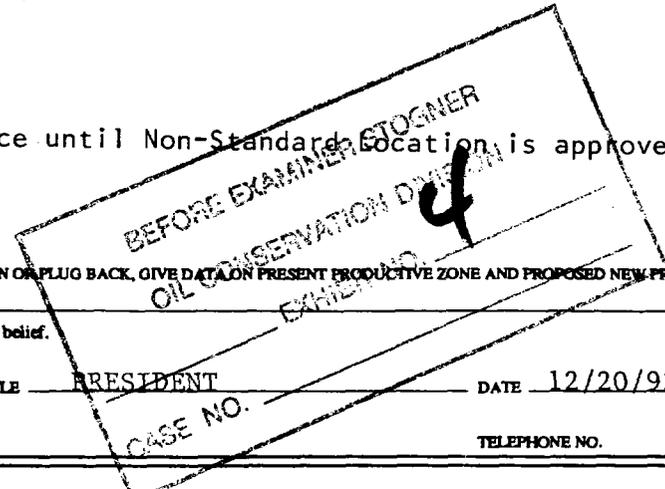
cannot produce until Non-Standard Location is approved.

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 G.A. Baber TITLE PRESIDENT DATE 12/20/93

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_



(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JAN 03 1994

CONDITIONS OF APPROVAL, IF ANY: