

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

State of New Mexico
Energy, minerals and Natural Resources Department

Form C-103
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)

30-025-02361

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-3072-3

7. Lease Name or Unit Agreement Name
EAST ER UNIT

8. Well No.
2

9. Pool name or Wildcat
ER QUEEN, EAST

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
PSA PRODUCERS 250 COPE PLACE

3. Address of Operator
P.O. Box 414 HOBBS NM, 88241

4. Well Location
Link Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 22 Township 18S Range 34E NMPM LEA County

10. Proposed Depth 4571
11. Formation ER Queen East
12. Rotary or C.T. ER

13. Elevations (Show whether DF, RT, GR, etc.) 4029
14. Kind & Status Plug. Bond 50,000 Cement C.D.
15. Drilling Contractor Permian Well Service
16. Approx. Date Work will start 7-15-91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	8 5/8	27#	441'	250	N/A
	5 1/2	14#	4605'	1560	

1. - MIRU
2. - PRESSURE TEST CASING TO 500# PSI, RUN CHART FOR 15 MIN.
3. - P.U. 2 3/8 WORKSTRING, G.I.H. O.O. CMT + CIBP @ 4480' TAG T.O. (CIRC. TO T.O. OR O.O. TO 4500' ±).
4. - PULL O.O.F.H. W/ WORKSTRING, P.U. 5 1/2 14# TREATING PAK, G.I.H. SET PAK @ 4520' ±
5. - PRESS. TEST PAK + CSG TO 500# PSI (MONITOR CSG PRESS. DURING NEXT STEP)
6. - ACIDIZE DEEPS @ 4532 - 38 W/ 1100 GAL 15% HF-FC ACID, DOUBLE INHIBITIO 4-5 BAR, MAX. SURF PSI, 1500# PRESS., FLUSH TAG W/ 25BLS 1% KCL, S.I. 12 TO 24 HR.
7. - SWB BACK LOG, PULL WORKSTRING, G.I.H. W/ PROD. TAG + PUMP, + ADDS PWT WELL BACK TO PRODUCTION.

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 Joe Pruitt TITLE Owner & Operator DATE 6-21-91

TYPE OR PRINT NAME JOE PRUITT TELEPHONE NO. 393-7092

(This space for State Use)
Orig. Signed by Paul Kautz
Geologist
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 24 1991

OSI
HOBBS CARRS