

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-30720

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

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 ☐

7. Lease Name or Unit Agreement Name

L-111 #

2. Name of Operator

L. B. C. ALCOA, INC.

8. Well No.

1

3. Address of Operator

ALCOA BIRCH ST. SOUTH BEND NEW MEXICO 87501

9. Pool name or Wildcat

None

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 990 Feet From The L-111 Line

Section 26

Township 19S

Range 38E

NMPM

19S

County

10. Proposed Depth

7500

11. Formation

1150

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3600.5 GR

14. Kind & Status Plug. Bond

1750

15. Drilling Contractor

517708

16. Approx. Date Work will start

10/27/89

17.

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 3/8"	200	1600'	2000	10500'
7 1/2"	5 1/2"	175	7500'	2000	

BCP SYSTEM - 10" - 900 SERIES 1490 L-111 UNIT OPERATING
DATE TO BE DETERMINED SET 3 3/8" IN PRODUCTION ZONE TO BE
DATE TO BE DETERMINED SET 5 1/2" PRODUCTION ZONE TO BE DETERMINED
APPROX. 9500', CIRCULATING CEMENT AS PER B.O. 10/27/89.

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 Donald A. Kautz TITLE Geologist DATE 10/27/89

TYPE OR PRINT NAME Donald A. Kautz TELEPHONE NO. 505-833-5100

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 27 1989

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.