

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* Form approved.
(Other instructions on reverse side)
N.M. OIL CONS. COMM. No. 1004-0136
Expires August 31, 1985

P.O. BOX 1980
HORRIS, NEW MEXICO
LEASE DESIGNATION AND SERIAL NO.
NM-0160973

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 Union Oil Company of California

3. ADDRESS OF OPERATOR
 P.O. Box 671 - Midland, TX 79703

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface 1980' FSL & 2180' FWL
 At proposed prod. zone Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 24 miles west of Jal, N. Mexico

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 1980'
 16. NO. OF ACRES IN LEASE 1238.72
 17. NO. OF ACRES ASSIGNED TO THIS WELL 640

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 2727'
 19. PROPOSED DEPTH 14,400' (PSTD)
 20. ROTARY OR CABLE TOOLS —

21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3349' GR
 22. APPROX. DATE WORK WILL START* ASAP

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
 Red Hills

8. FARM OR LEASE NAME
 Red Hills Unit

9. WELL NO.
 3

10. FIELD AND POOL, OR WILDCAT
 Red Hills Wolfcamp (Gas)

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
 Sec. 5, T-26S, R-33E

12. COUNTY OR PARISH
 Lea

13. STATE
 NM

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
No change in casing				

See attached procedure.

2310
11485
S 3L-CC
2/5/94
3L-025 28194

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Charlotte Beeson TITLE Drlg. Clerk DATE 1-20-95

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 2/1/95

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side