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U.S.G.S.		
LAND OFFICE		
OPERATOR		

5A. Indicate Type of Lease
STATE FEDERAL

5. State Oil & Gas Lease No.
A-4096

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
 b. Type of Well
 DRILL DEEPEN PLUG BACK
 OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Exxon Corporation

3. Address of Operator
P. O. Box 1600, Mildand, Texas 79702

4. Location of Well
 UNIT LETTER E LOCATED 1980 FEET FROM THE N LINE
 AND 660 FEET FROM THE W LINE OF SEC. 4 TWP. 19S RGE. 35E NMPM

7. Unit Agreement Name
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8. Farm or Lease Name
New Mexico DD State

9. Well No.
2

10. Field and Pool, or Wildcat
Undesig. Scharb

12. County
Lea

19. Proposed Depth
9626

19A. Formation
Bone Springs

20. Rotary or C.T.
Workover Rig

21. Elevations (Show whether DF, KT, etc.)
3917' GR

21A. Kind & Status Plug. Bond
Blanket

21B. Drilling Contractor
Unknown

22. Approx. Date Work will start
Upon Approval

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	54.5#	440'	350	
12 1/4"	8 5/8"	24, 32.5#	4025'	2160	
7 7/8"	5 1/2"	17, 15.5#	10682'	2695	

This well is presently completed in the Wolfcamp formation, Scharb, Wolfcamp field, perfs 10,594-10,682' and OH 10,682-10,798'. It is proposed to plugback to the Bone Springs formation and perforate 9566-9626' and acidize.

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.

Signed Melda Kripling Title _____ Unit Head _____ Date 5-15-84
 (This space for State Use)

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JUN 14 1984

CONDITIONS OF APPROVAL, IF ANY: