

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

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

RECEIVED

NOV 27 '89

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)

30-015-62746

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LG 5230

O. C. D.
ARTESIA, OFFICE

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:
South Dallas

2. Name of Operator:
Pacific Enterprises Oil Company

8. Well No.
2

3. Address of Operator:
P.O. Box 3083 Midland, Texas 79702

9. Pool name or Wildcat
y blood. Four Ranch Pre-Permian

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1499 Feet From The East Line
Section 2 Township 19 South Range 26 East Chaves County
Township 10

10. Proposed Depth 6700
11. Formation Pre-Permian
12. Rotary or C.T. Rotary

13. Elevations (Show whether DF, RT, GR, etc.) 3863.5 GR
14. Kind & Status Plug. Bood
15. Drilling Contractor United Drilling
16. Approx. Date Work will start Dec. 1, 1989

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 | 8-5/8 | 32 | 1050 | 575 | Surf |
| 7-7/8 | 5-1/2 | 14 & 15.5 | 6700* | 1500 | Surf |

* DV tool @ 4400'+/-

See attached BOP sketch.

Post ID-1
12-1-89
This Log + API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/27/90
UNLESS DRILLING UNDERWAY

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 C. Robert Winkler III TITLE Operations Engineer DATE 11/20/89
TYPE OR PRINT NAME C. Robert Winkler III TELEPHONE NO. 915/684-3861

(This space for State Use)
APPROVED BY MIKE WILLIAMS SUPERVISOR, DISTRICT I9 TITLE _____ DATE NOV 27 1989

CONDITIONS OF APPROVAL, IF ANY:
NSL R-9051

APPROVAL VALID FOR
FRONT DEPARTS
UNLESS OTHERWISE SPECIFIED