

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

BLM  
LAW  
OF

OIL CONSERVATION DIVISION

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

APR 10 '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)

30-015-26098

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

O.C.D.  
ARTESIA OFFICE

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

Morexco, Inc.

3. Address of Operator

P. O. Box 481, Artesia, NM 88211-0-81

4. Well Location

Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line

Section 16 Township 17S Range 31E NMPM Eddy County

10. Proposed Depth  
4000'

11. Formation

12. Rotary or C.T.  
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)  
3860' Grd.

14. Kind & Status Plug Bond  
Statewide

15. Drilling Contractor

16. Approx. Date Work will start  
April 12, 1989

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2"	8 5/8"	23#	350'	Sufficient to circulate	
7 7/8"	5 1/2"	10.5-15.5#	4000'	Sufficient to circulate	

Plan to spud test well on or before April 12, 1989 with a 12 1/2" bit. Set 350' of 8 5/8" with sufficient cement to circulate to surface. Drill out with a 7 7/8" bit with 10# brine to a depth of 4000' or less. If commercial shows are present, 5 1/2" casing will be set with cement sufficient to circulate to surface. If dry hole, proper plugs will be set as directed by the N.M.O.C.D.

YOUT ID-1  
WRE API  
4-14-89

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 10/12/89  
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.

map

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rebecca Olson TITLE Production Clerk DATE 4-10-89

TYPE OR PRINT NAME Rebecca Olson TELEPHONE NO. 746-6520

(This space for State Use)

Original Signed By  
Mike Williams

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 12 1989

CONDITIONS OF APPROVAL, IF ANY: