

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

30-015-24957

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
TXO PRODUCTION CORP.
3. ADDRESS OF OPERATOR
900 WILCO BUILDING, MIDLAND, TEXAS 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
660' FNL AND 1980' FEL OF SECTION 15
At proposed prod. zone
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
15 MILES NORTHEAST OF CARLSBAD, NEW MEXICO
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)
1980'
16. NO. OF ACRES IN LEASE
1600
17. NO. OF ACRES ASSIGNED TO THIS WELL
320
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
1866'
19. PROPOSED DEPTH
11,900'
20. ROTARY OR CABLE TOOLS
ROTARY
21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3295.9' GL
22. APPROX. DATE WORK WILL START*
UPON APPROVAL
23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	620'	SUFFICIENT TO CIRCULATE
12-1/4"	8-5/8"	24#	3100'	SUFFICIENT TO CIRCULATE
7-7/8"	4-1/2"	11.6#	11,900'	500 SACKS

AFTER SETTING PRODUCTION CASING, PAY ZONE WILL BE PERFORATED AND STIMULATED AS NECESSARY.

SEE ATTACHED FOR: SUPPLEMENTAL DRILLING DATA
BOP SKETCH
SURFACE USE AND OPERATIONS PLAN

GAS IS NOT DEDICATED.

RECEIVED BY
AUG 09 1984
O. C. D.
ARTESIA OFFICE

Post ID-1
8-17-84
APZ + BK

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. SIGNATURE Arthur R. Brown TITLE Agent DATE July 27, 1984
(This space for Federal or State office use)

PERMIT NO. APPROVAL DATE

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

*See Instructions On Reverse Side