

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

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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)

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1529

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

State "DX"

2. Name of Operator

Crump Petroleum Corporation

8. Well No.

1

3. Address of Operator

P. O. Box 50820, Midland, Texas 79710

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter F : 1979.5 Feet From The North Line and 1989.65 Feet From The West Line

Section 33

Township 10N

Range 32E

NMPM

Lea

County

10. Proposed Depth

8625

11. Formation

ABC-2

12. Rotary or C.T.

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

4343 GR

14. Kind & Status Plug Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

2/27/90

17.

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	55#	411	315	Circ.
11	8 5/8	32#	3525	1475	410
7 7/8	5 1/2	17#	3040 - 10349	975	34TD

Above casing now in hole

It is proposed to plug back from perfs 8752-66 by setting a bridge plug at 8650 with 35' cement on top. Perforate 8102-8184 and treat with 2000 gal 20% NEFE HCL. Swab for test.

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 [Signature] TITLE Prod. Dir. DATE 2/26/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SHOWN TO [Signature]

MAR 05 1990

APPROVED BY DISTRICT SUPERVISOR TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: