

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

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

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

AMENDED

API NO. (assigned by OCD on New Wells)
30-025-21678

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 E-2064

7. Lease Name or Unit Agreement Name
 South Four Lakes Unit

8. Well No.
 12

9. Pool name or Wildcat
 Four Lakes (Pennsylvanian)

10. Proposed Depth
 10,600'

11. Formation
 Pennsylvanian

12. Rotary or C.T.
 Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
 GL 4149.1' (unprepared)

14. Kind & Status Plug. Bond
 Blanket

15. Drilling Contractor
 advise later

16. Approx. Date Work will start upon approval

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	400'	700	Surface
12-1/4"	8-5/8"	24# & 32#	4200'	1350	Surface
7-7/8"	5-1/2"	15.5# & 17#	10600'	400 1st stage	8500'
				650 2nd stage	3700'

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

b. Type of Well: DRILL RE-ENTER DEEPEN PLUG BACK
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
 Phillips Petroleum Company

3. Address of Operator
 4001 Penbrook St., Odessa, TX 79762

4. Well Location
 Unit Letter N : 1250 Feet From The South Line and 2450 Feet From The West Line

Section 35 Township 11S Range 34E NMPM Lea County

Change well # from # 11 to # 12 as originally submitted
 Mud program & BOP schematic attached.
 Unorthodox location set for hearing 8/6/92.

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 Supervisor, Reg. Affairs DATE 9/1/92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
 APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE NOV 12 '92

CONDITIONS OF APPROVAL, IF ANY:

R-9755 NSL

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

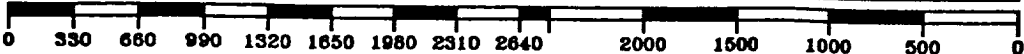
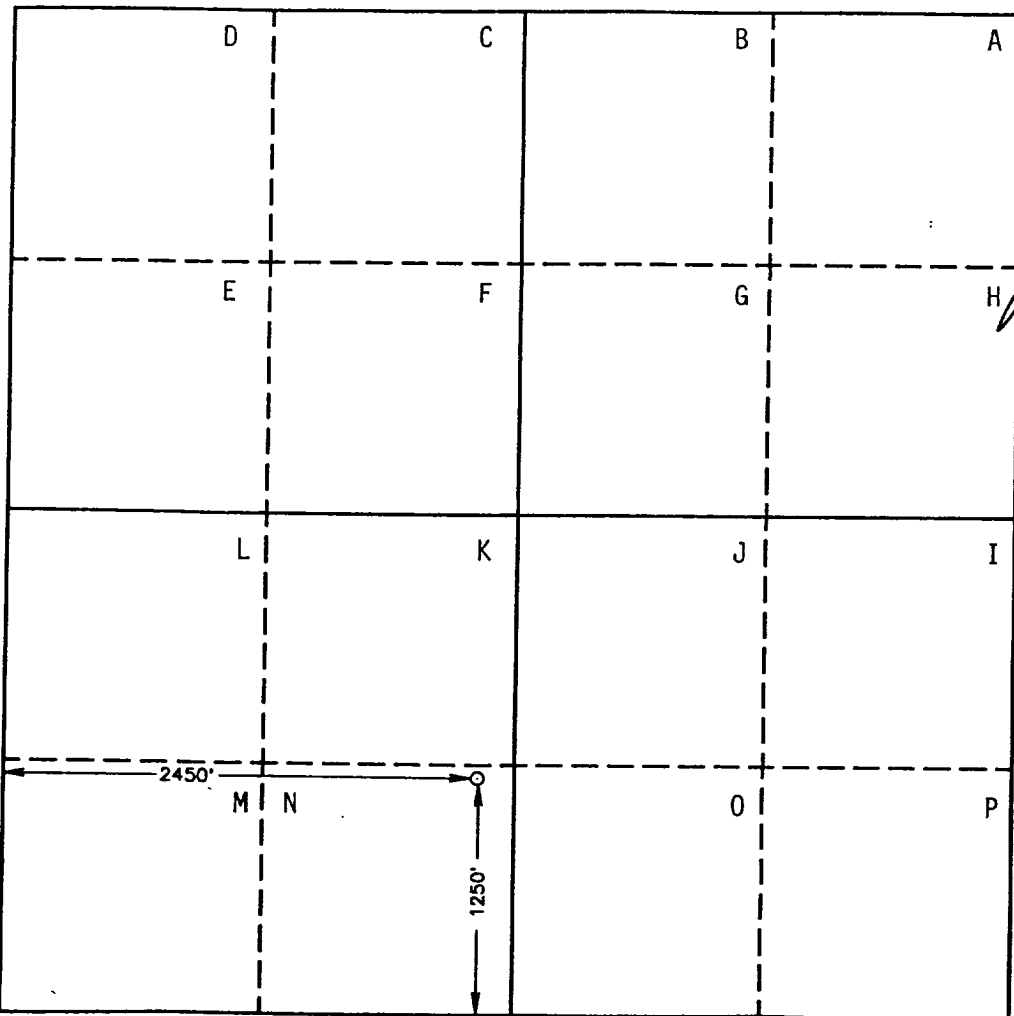
Operator PHILLIPS PETROLEUM COMPANY			Lease SOUTH FOUR LAKES <i>Unit</i>		Well No. 12
Unit Letter N	Section 35	Township 11 SOUTH	Range 34 EAST	NMPM	County LEA
Actual Footage Location of Well: 1250 feet from the SOUTH line and 2450 feet from the WEST line					
Ground Level Elev. 4149.1'	Producing Formation PENNSYLVANIAN		Pool Four Lakes (Pennsylvanian)	Dedicated Acreage: 80 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

 Yes No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature: *[Signature]*
Printed Name: L. M. Sanders
Position: Supervisor, Regulation & Proration Company
Company: PHILLIPS PETROLEUM CO.
Date: 9/3/92

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: JULY 13, 1992

Signature & Seal of Professional Surveyor: *[Signature]*

Certificate No. JOHN W. WEST, 676
RONALD J. EDSON, 3239
GARLAND JONES, 7977
92-11-10977

PROPOSED CASING & CEMENTING PROGRAM

South Four Lakes Well No. 12

13 3/8" 48 lb/ft H-40 Surface Casing Set at 400' - 17 1/2" Hole:

Circulate to surface with 700 sacks of Class "C" + 2% CaCl₂.

Slurry Weight:	14.8 ppg
Slurry Yield:	1.32 ft ³ /sx
Water Requirement:	6.3 gals/sx

8 5/8" 24 & 32 lb/ft K-55 Intermediate Casing Set at 4200' - 12 1/4" Hole:

Lead: 1200 sx Class "C" 65/35 Poz + 6% Bentonite + 5% Salt.

Slurry Weight:	13.2 ppg
Slurry Yield:	1.70 ft ³ /sx
Water Requirement:	8.8 gals/sx

Tail: 150 sx Class "C" Neat.

Slurry Weight:	14.8 ppg
Slurry Yield:	1.32 ft ³ /sx
Water Requirement:	6.2 gals/sx

5 1/2" 15.5 & 17 lb/ft K-55 & N-80 Prod. Casing Set at 10600' - 7 7/8" Hole:

Set stage tool at 8500'.

1st Stage: 400 sx Class "H" Neat. Desired TOC = 8500'.

Slurry Weight:	15.6 ppg
Slurry Yield:	5.2 ft ³ /sx
Water Requirement:	1.18 gals/sx

2nd Stage:

Lead: 500 sx Class "C" + 20% Diacel "D". Desired TOC = 3700'.

Slurry Weight:	12.0 ppg
Slurry Yield:	2.69 ft ³ /sx
Water Requirement:	15.5 gals/sx

Tail: 150 sx Class "C" Neat.

Slurry Weight:	14.8 ppg
Slurry Yield:	1.32 ft ³ /sx
Water Requirement:	6.3 gals/sx

PROPOSED MUD PROGRAM

South Four Lakes Well No. 12

DEPTH	MUD WEIGHT	VISCOSITY	FLUID LOSS	CL PPM	%SOLIDS	ADDITIVES
Surf - 400'	8.6-9.0 ppg	32-34 sec/1000 cc	-	-	-	Native Solids
400' - 4200'	10.0-10.2 ppg	30-32 sec/1000 cc	-	Saturated	-	Native Solids
4200' - 7000'	8.8-9.0 ppg	28-30 sec/1000 cc	-	-	-	
7000' - 9850'	9.0-9.4 ppg	34-38 sec/1000 cc	-	-	-	Salt Gel/Oil/Soltex 2% Oil Starch
9850' - 10600'	9.2-9.5 ppg	34-40 sec/1000 cc	12 - 15 cc	-	-	

The Mud Engineer shall include on each test report the materials used for the previous 24 hr. period. Twice weekly mail copies of the test reports to:

A. C. Sewell
4001 Penbrook
Odessa, Texas 79762

Send two copies of the Well Recap (Final Cost & Engineering Summaries) to A. C. Sewell at the above address.

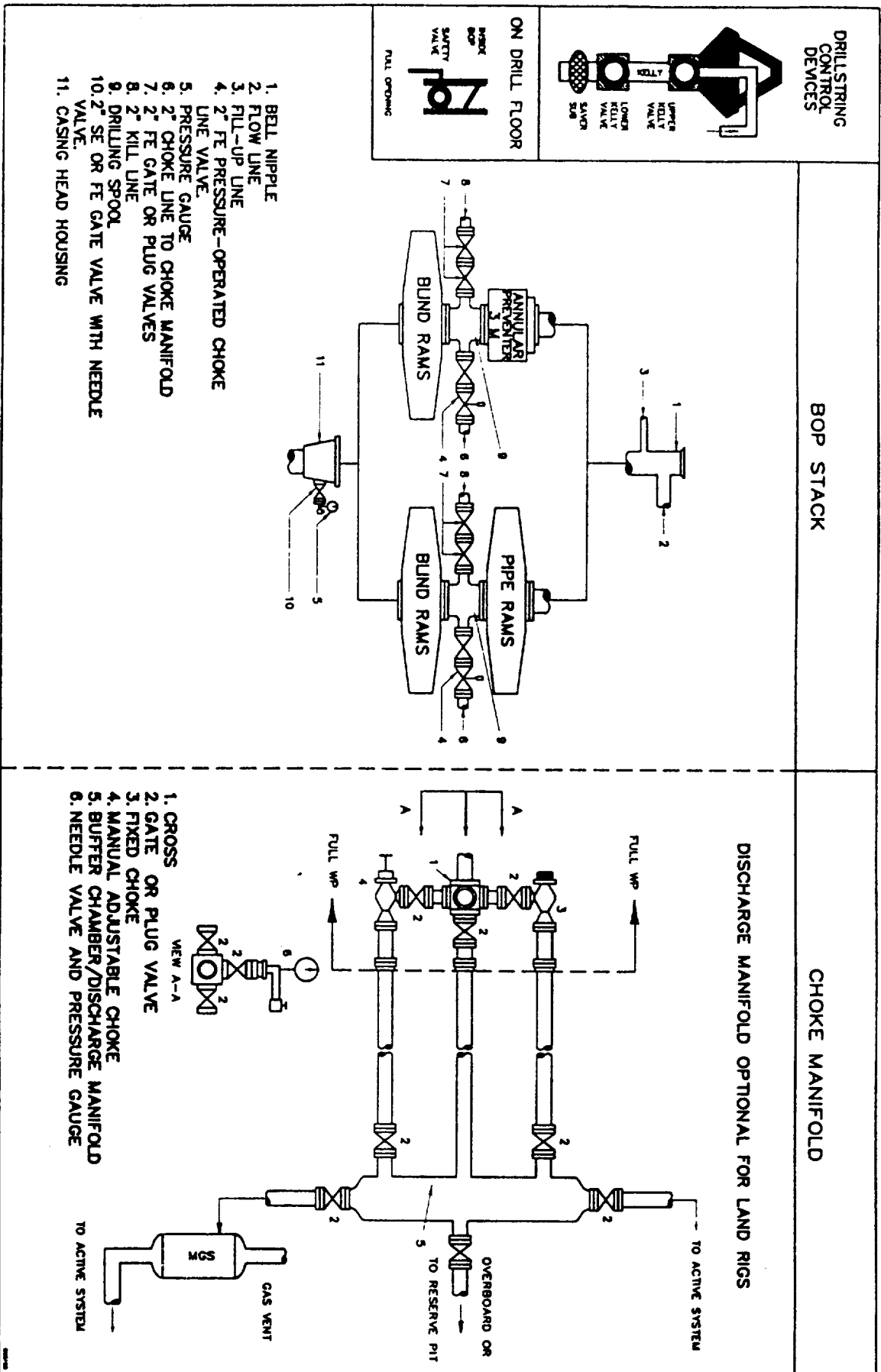


Fig. 2.4. Class 2 BOP and Choke Manifold.

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*See Amended C-101
 for Change of
 Well #*

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SIGNATURE L. M. Sanders TITLE Supervisor, Reg. Affairs DATE 8/4/92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

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APPROVED BY _____ TITLE _____ DATE _____

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