

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. OIL & GAS COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO. 32140031740A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME Eunice Monument South Unit

8. EARM OR LEASE NAME \_\_\_\_\_

9. WELL NO. 376

10. FIELD AND POOL, OR WILDCAT Eunice Monument South Unit

11. SEC. T. R. N. OR BLK. AND SURVEY OR AREA Sec 18, T21S, R36E

12. COUNTY OR PARISH Lea 13. STATE NM

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\* \_\_\_\_\_

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest dric. unit line, if any) \_\_\_\_\_

16. NO. OF ACRES IN LEASE \_\_\_\_\_

17. NO. OF ACRES ASSIGNED TO THIS WELL \_\_\_\_\_

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. \_\_\_\_\_

19. PROPOSED DEPTH 4136

20. ROTARY OR CABLE TOOLS rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3661

22. APPROX. DATE WORK WILL START\* \_\_\_\_\_

23. No New Casing PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
	10 3/4	40.5#	294'	200sx
	7 5/8	26.4#	1344'	400sx
	5 1/2"	17#	3820'	400sx

It is proposed to deepen the subject well 203' from the current TD of 3933' to a new TD of 4136. Log with GR-CNL-CCL with caliper and evaluate for proper TD at base of Zone 3, treat as necessary and convert to injection.

RECEIVED  
 AUG 18 11 31 AM '87  
 CARLOS...  
 AREA...  
 MANAGERS

Subject to  
Like Approval  
by State

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.

SIGNED L.H. Elmore / M.E. Stein TITLE Staff Drilling Engineer DATE August 14, 1987

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 9-10-87

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

R. 203-3-1987

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SEP 1 4 1961  
OCD  
HOBBS OFFICE