Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

SEP 1 3 1993

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

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED	31-105-6298
	5. Indicate Type of Lease

API NO. (assigned by OCD on New Wells)

DISTRICT II		anta re, New Mexico	O 1304 MECEIVED	5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, I	√M 88210		O	ST.	ATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azte	c, NM 87410		SEP 1 0 1993	6. State Oil & Gas Lease?	No.	
APPLICAT	ION FOR PERMIT T	O DRILL, DEEPEN, C	DR PW PROCE			
1a. Type of Work:	TORT OTT LIMIT	O D. H.C.L., DEET CIT, C	ALL COMMENTS	7. Lease Name or Unit Ag	//////////////////////////////////////	
DRILL b. Type of Well: OIL GAS WELL X WELL	- X RE-ENTER	DEEPEN SINGLE	PLUG BACK			
		ZONE	ZONE _	State A-	- 6	
2. Name of Operator	hamnaan	8. Well No.				
J. Cleo T 3. Address of Operator	nompson	9. Pool name or Wildcat				
•	. Paul, Ste 4					
4. Well Location	· raul, Sie 4	JOO, Dattas.	14.73201	Wildcat All	insing in	
Unit Letter B	: 950 Feet Fr	om The North	Line and2180	Feet From The E	East Line	
Section 6	Town	ein 16 Countile Box	15	D cm r	_	
Section 6	lowas	up 16 South Rai	nge 17 East N	MPM Chaves	County	
		10. Proposed Depth	11. Fe	ormation	12. Rotary or C.T.	
		4500	El	lenberger	Rotary	
13. Elevations (Show whether	r DF, RT, GR, etc.)	4. Kind & Status Plug. Bond	15. Drilling Contractor		Date Work will start	
5985 GR	E	lanket on Fil	e Pending	1	1, 1993	
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	54#	40'	3.0	Surface	
12 1/4	9 5/8	36#	1200	650	Surface	
8 3/4	5 1/2	14#	4500:	900	1000'	
It is proposed to drill this well in accordance with the above casing and cementing program. A sketch of blowout preventers to be used is attached. Post ID-1 9-12-93						
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 provers true about the best of my knowledge and belief.						
SIGNATURE	Miller	uns m	<u> Superinten</u>	dentnat	<u> 9/9/93</u>	
_	7000			DAI	915/	
TYPE OR PRINT NAME BE	erry M. Brein	ing <u>//</u>		TEL	EPHONE NO. 366-888	

(This space for State Us ORIGINAL, SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY