

N.M.O.C.D. COPY

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(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-015-23557

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
Southland Royalty Company

3. ADDRESS OF OPERATOR
1100 Wall Towers West, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
990' FSL, 990' FEL, Sec. 15, T-17-S, R-30-E
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
1 mile northeast of Loco Hills

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
330'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
990'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3688.3'

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11 1/4"	8 5/8"	24#	450'	Circulate
7 7/8"	5 1/2"	15.5#	3600'	Circulate

It is planned to drill to TD at 3600'. Set pipe at TD and cement to surface if possible. Run CNL log inside pipe, perforate, and complete in Grayburg and San Andres.

RECEIVED

DEC - 1 1980

O. C. D.
ARTESIA, OFFICE

Posted ID-1
API + NM. Encl
12-5-80

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. SIGNED E. Harvey Cam TITLE District Engineer DATE 2-11-80
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE ACTING DISTRICT ENGINEER DATE NOV 28 1980
CONDITIONS OF APPROVAL, IF ANY: