

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

AUG 18 1992

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

O. C. D.  
Assigned by OCD on New Wells)  
30-015-27135

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E - 742

7. Lease Name or Unit Agreement Name  
Empire "20" State

8. Well No.  
1

9. Pool name or Wildcat  
Empire Morrow, South (Gas)

10. Proposed Depth  
10,850'

11. Formation  
Morrow

12. Rotary or C.T.  
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)  
3626 GR

14. Kind & Status Plug. Bond  
Blanket

15. Drilling Contractor  
WEK

16. Approx. Date Work will start  
Sept. 21, 1992

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"	54.5#	500' +	450 Cl. "C"	Circulated
12 1/4"	9 5/8"	36.0#	2600' +	600 Cl. "C"	Tie back into surf.
8 3/4"	5 1/2"	17# & 20#	10,850' +	600 Cl. "H"	7,000' +

MUD PROGRAM:

0' - 500'  
500' - 2600'  
2600' - 9500'  
9500' - 10,850'

Spud mud w/fresh water gel. LCM as needed.  
Brine water w/salt gel as needed. Lime for pH control.  
Cut brine w/lime for pH control. Wt. 9.2 - 9.6 ppg. WL NC.  
Cut brine w/driscap, starch, salt gel, soda ash, and caustic soda.  
Wt. 9.2 - 9.8 ppg. WL 10 cc's or less.

BOP PROGRAM:

900 series double hydraulic BOP and 900 series Hydril on 13 3/8" and 9 5/8" Intermediate casing. Rotating head, pit monitors, hydraulic choke, mud-gas separator and H<sub>2</sub>S monitors from 7,000' to T. D.

Gas is not dedicated.

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 Kelly Ryan TITLE District Superintendent DATE September 21, 1992  
TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO. 505 393-5905

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 22 1992

CONDITIONS OF APPROVAL, IF ANY: