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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
NOV 14 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

c15r
Dp

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E 7811

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Convert to production SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Culwin Queen Unit

2. Name of Operator: B & A Operating Co.

8. Well No. 9

3. Address of Operator: P.O. Box 136, Lovington, N.M. 88260

9. Pool name or Wildcat: Shugart, Y, 7R to Gbg.

4. Well Location
Unit Letter O : 540 Feet From The South Line and 1860 Feet From The East Line

Section 36 Township 18S Range 30E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
	Upper 7 R.	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3522			11-25-91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	4½	9.5	3145	175	2030
	8 5/8		701	20	

To convert abandoned water injection well to production
Test 4½" casing and perforate upper 7 Rivers at 2602-2615
Acidize and Frac
C. I. Bridge plug set at 3070' in April, 1988 with 30' cement cap.
Old Queen perfs at 3090-3108

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 D.R. Bell TITLE Manager/Operations DATE 11-14-91

TYPE OR PRINT NAME D.R. Bell TELEPHONE NO. 396-3062

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE DEC 16 1991

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness
Testing Csg