

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088 RECEIVED
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

APR 2 '90

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						API NO. (assigned by OCD on New Wells)					
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>						5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>					
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>						6. State Oil & Gas Lease No. OG-535968					
2. Name of Operator Southland Royalty Company ✓						7. Lease Name or Unit Agreement Name Empire "16" State Com.					
3. Address of Operator 21 Desta Dr., Midland, TX 79705						8. Well No. 1					
4. Well Location Unit Letter E : 1980' Feet From The North Line and 660' Feet From The West Line Section 16 Township 18 South Range 29 East NMPM Eddy County						9. Pool name or Wildcat Empire South					
10. Proposed Depth 10,880' PBTD				11. Formation Atoka		12. Rotary or C.T. Plug Back					
13. Elevations (Show whether DF, RT, GR, etc.) 3521.5 GR.		14. Kind & Status Plug. Bond Blanket		15. Drilling Contractor		16. Approx. Date Work will start 01 April 1990					
17. PROPOSED CASING AND CEMENT PROGRAM											
SIZE OF HOLE		SIZE OF CASING		WEIGHT PER FOOT		SETTING DEPTH		SACKS OF CEMENT		EST. TOP	

The Empire South (Morrow) will be abandoned and plugged back to other formations. The primary objective is the Atoka; the secondary objective is the Strawn. The plug back procedure to be followed is attached.

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 Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Specialist DATE 3/30/90

TYPE OR PRINT NAME Robert L. Bradshaw

TELEPHONE NO. 915/686-5678

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT #

APPROVED BY _____ TITLE _____ DATE APR 4 1990

CONDITIONS OF APPROVAL, IF ANY: