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 875~~04-2088~~

RECEIVED
JUL 16 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

C15F
DP

API NO. (assigned by OCD on New Wells)
30-015-25067

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 [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
State CE

2. Name of Operator
Mewbourne Oil Company

8. Well No.
1

3. Address of Operator
P.O. Box 5270 Hobbs, New Mexico 88241

9. Pool name or Wildcat
Cedar Lake Morrow

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 1880 Feet From The West Line

Section 2 Township 18S Range 30E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
11,130'	Strawn	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3580.6'	Blanket on file	-	August 1, 1991

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Set 5-1/2" CIBP at ± 11,180' with 50' of cement on top to abandon Morrow perf's 11,241'-11,256'. Perforate Strawn formation from 10,488'-10,501'. Test and evaluate. If uneconomical set 5-1/2" CIBP at ± 10,420' with 50' of cement on top. Perforate Bone Springs from 6812'-6837'.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 1/29/92
UNLESS DRILLING UNDERWAY

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 W H Carey TITLE District Supt. DATE July 15, 1991

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUL 29 1991

CONDITIONS OF APPROVAL, IF ANY: