## State of New Mexico Form C-101 Submit to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 State Lease - 6 copies Fee Lease - 5 copies OIL CONSERVATION OF THE OWNER ON API NO. (assigned by OCD on New Wells) DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease DISTRICT II P.O. Drawer DD, Artesia, NM 88210 STATE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-9261 APPLICATION FOR PERMIT TO DRILL, DEEPEN, OF PERSON BACK la. Type of Work: 7. Lease Name or Unit Agreement Name RE-ENTER DEEPEN PLUG BACK X b. Type of Well: Midstream "16" State Com. MULTIPLE SINGLE WELL X ZONE ZONE X 2. Name of Operator 8. Well No. Southland Royalty Company I 9. Pool name or Wildcat Address of Operator 21 Desta Dr., Midland, TX 79705 Illinois Camp North Well Location Unit Letter L : 2310 Feet From The South Line and 990 Feet From The West Eddy 16 18 South 28 East **NMPM** Section Township 12. Rotary or C.T. 10. Proposed Depth 11. Formation 9540' PBTD Wolfcamp 13. Elevations (Show whether DF, RT, GR, etc.) 14. Kind & Status Plug. Bond 15. Drilling Contractor 16. Approx. Date Work will start

**Blanket** 

WEIGHT PER FOOT

SIZE OF CASING

3617.1' GR.

SIZE OF HOLE

CONDITIONS OF APPROVAL, IF ANY:--

17.

FEE

Line

County

Plug Back

**EST. TOP** 

10 April 1990

SACKS OF CEMENT

The Morrow formation will be abandoned. The well will be plugged back and recompleted in other formations. The primary objective is the Wolfcamp; the secondary objective is the Strawn. The plug back procedure is attached.

PROPOSED CASING AND CEMENT PROGRAM

SETTING DEPTH

| 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  Sr. Staff Env./Reg. Spec.  |                                     |                                  | 30 March 1990              |  |
| SIONATURE TOURS & D'ENTRE STILLE  |                                     | mr.z or. otall Ellv./ neg. opec. | DATE                       |  |
| TYPEOR PRINT NAME Robert L. Bradshaw  |                                     |                                  | TELEPHONE NO. 915/686-5678 |  |
| (This space for State Use)  | ORIGINAL SIGNED BY<br>MIKE WILLIAMS |                                  | APR 4 1990                 |  |
| APPROVED BY   | SUPERVISOR, DISTRICT I              | me                               | DATE                       |  |