

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

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

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

MAY 19 '94

API NO. (assigned by OCD on New Wells)

30-015-01-891

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

E-9261

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Midstream "16" State Com.

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

Illinois Camp North

4. Well Location

Unit Letter L : 1980 Feet From The North Line and 1320 Feet From The West Line

Section 16

Township 18S

Range 28E

NMPM

Eddy

County

10. Proposed Depth

8300'

11. Formation

Bone Springs

12. Rotary or C.T.

Plug Back

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

3617.1

14. Kind & Status Plug Bond

15. Drilling Contractor

16. Approx. Date Work will start

May 17, 1994

17.

PROPOSED CASING AND CEMENT PROGRAM

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

The Wolfcamp formation (8347' - 8364') will be abandoned. The well will be plugged back and recompleted into the 2nd Bone Springs (6522' - 6862'). A 3000 psi BOP will be used during all tripping operations.

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

Eric Hoover

TITLE Engineer

DATE 05/18/94

TYPE OR PRINT NAME

Eric Hoover

TELEPHONE NO.

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT II

TITLE

DATE

MAY 20 1994

CONDITIONS OF APPROVAL, IF ANY: