

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

OCT 11 '90

API NO. (assigned by OCD on New Wells)

30-015-26499

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-7071

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 ☐

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

P.O. Box 5270 Hobbs, New Mexico 88241

4. Well Location

Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line

Section 2 Township 18S Range 30E NMPM Eddy County

10. Proposed Depth

11,700'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

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

3507' GR

14. Kind & Status Plug. Bond

Blanket - On File

15. Drilling Contractor

Not determined

16. Approx. Date Work will start

October 15, 1990

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	61#	± 500'	500	Surface
11"	8-5/8"	24 & 32#	± 4,500'	1200	Surf. Tie back into
7-7/8"	5-1/2"	17 & 20#	± 11,700'	750	7,000'

Blow Out Preventor: Schaffer LWS or equivalent (Double Ram Hydraulic) 900 series.  
Hydril 900 series annular preventor. Grant rotating head, TOTCO  
flow monitors on pits.

Mud Program: 0' - 500' FW w/spud mud. Paper for LCM material.  
500' - 4,500' Brine water w/LCM as needed.  
4,500' - 9,500' Cut brine.  
9,500' - 11,700' Cut brine w/Drispac. 32-36 Vis. WL 0-10cc, Wt. 9.2-10.0# as needed.

Gas is not dedicated.

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. Cravey TITLE District Supt. DATE August 16, 1990

TYPE OR PRINT NAME W.H. Cravey TELEPHONE NO. 393-5905

(This space for State Use) ORIGINAL SIGNED BY  
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE \_\_\_\_\_ DATE OCT 17 1990

CONDITIONS OF APPROVAL, IF ANY:

