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 87504-2088

RECEIVED
APR 1 3 1993
C. C. D.

C/SF
DP

API No. (assigned by OCD on New Wells): 30-015-26809

5. Indicate Type of Lease: STATE [X] FEE [ ]

6. State Oil & Gas Lease No.: E-7989

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 [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Red Lake State

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: Atoka - Red Lake

4. Well Location: Unit Letter N : 1980 Feet From The West Line and 990 Feet From The South Line

Section 16 Township 18S Range 27E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3449' GR	Blanket On File		

17. PROPOSED CASING AND CEMENT PROGRAM

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

2-09-93 Set CIBP @ 9345'. Capped with 35' cement.

2-11-93 Perforated Atoka formation (9178'-9188') with 2 spf.

2-12-93 Acidized formation with 1500 gal 7 1/2% HCL & 1000 SCF/bbl. N_2.

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 Kelly Ryan TITLE ~~Kelly Ryan~~ Dist. Supt. DATE April 8, 1993

TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO. (505) 393-5905

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 2 6 1993

CONDITIONS OF APPROVAL, IF ANY: