

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

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

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

MAR 10 1992

API NO. (assigned by OCD on New Wells)
30-015-26963

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
#14-0800018772
Culwin Queen Unit

8. Well No.
19

9. Pool name or Wildcat
y-SR-B-G
x Shugart: Cbg, Qn, & R, Yates

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work:
a. Type of Well:
DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐
b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. Name of Operator
B & A Operating Co.

3. Address of Operator
P.O. Box 136, 1211 1/2 West Ave H, Lovington, N.M.

4. Well Location
Unit Letter 0 : 2363 Feet From The E Line and 1043 Feet From The S Line
Section 36 Township 18S Range 30E NMPM Eddy County

10. Proposed Depth
3340

11. Formation
Qn, 7R, Yates

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3533.6 GL

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start
03-23-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2	8 5/8	24#	760	475	Circ.
8	5 1/2	14#	3340	600	1800

To Drill new in-field (5 spot) well

The stripper wells in this unit are depleted and have reached economic limit, with very little response to secondary (water-flood) recovery in 40 acre spacing.

Preliminary engineering evaluation work in this area indicates 40 acre spacing is not draining (or flooding) and production should justify drilling and completion expense.

Post ID-1
3-30-92
New loc & API

APPROVAL VALID FOR 180 DAYS
9/11/92
APPROVAL UNDERWAY

NSL # 3104

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 D.R. Bell TITLE Manager/Operations DATE 02-24-92

TYPE OR PRINT NAME D.R. Bell TELEPHONE NO. 396-3062

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

MAR 13 1992

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: