

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

MAR 10 1992

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

API NO. (assigned by OCD on New Wells)  
**20-015-26963**

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  
Shugart: ~~Qn, 7R, Yates~~ **Y-SR-Q-G**

**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  
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
10	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.

APPROVAL VALID FOR 180 DAYS  
EXPIRES 9/11/92  
ONLINE ORDERWAY

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 13 1992

CONDITIONS OF APPROVAL, IF ANY: