

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Department of Geology, Minerals and Natural Resources

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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)

30-015-27091

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-7811

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

Cedar Breaks "2" State

2. Name of Operator

Mewbourne Oil Company

8. Well No.

1

3. Address of Operator

P.O. Box 5270 Hobbs, New Mexico

9. Pool name or Wildcat

Loco Hills San Andres/
Grayburg

4. Well Location

Unit Letter G : 2130 Feet From The North Line and 1980 Feet From The East Line

Section 2

Township 18S

Range 30E

NMPM

Eddy

County

10. Proposed Depth

3200'

11. Formation

Grayburg

12. Rotary or C.T.

Workover

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

3629' GL

14. Kind & Status Plug Bond

Blanket on File

15. Drilling Contractor

--

16. Approx. Date Work will start

Upon Approval

17. PROPOSED CASING AND CEMENT PROGRAM

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

1. Cap CIBP @ 6850' with ^{35'}~~2-sx.~~ cement. Set CIBP @ 3330' and cap with ^{35'}~~2-sx.~~ cement.

2. Perforate Grayburg from 3162' - 3190'. Stimulate and test.

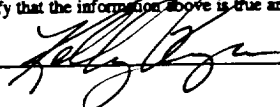
3. Put well on production.

4. BONE SPRING PLUG 4850-4950'

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



TITLE

District Supt.

DATE 10/28/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

NOV 25 1993

CONDITIONS OF APPROVAL, IF ANY:



2011-12-17 10:10:10
2011-12-17 10:10:10
2011-12-17 10:10:10