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
JAN 30 1995
OIL CON. DIV.
DIST. 2

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)	30-015-27285
5. Indicate Type of Lease	STATE [X] 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 [X]

b. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: CEDAR BREAK 2 STATE

2. Name of Operator: MEWBOURNE OIL COMPANY

8. Well No.: 2

3. Address of Operator: P.O. BOX 5270 HOBBS, NEW MEXICO 88241

9. Pool name or Wildcat: CEDAR LAKE STRAWN

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 990 Feet From The EAST Line

Section 2 Township 18S Range 30E NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6794-6975	BONE SPRING	WORKOVER

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3594 GR	BLANKET ON FILE		UPON APPROVAL

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"	48 lbs.	552'	600 sx	circulated
12 1/4 "	9 5/8"	36 "	3615'	1900 sx	" "
8 3/4 "	5 1/2"	17 "	11490'	2525 sx	" "

Set 5 1/2" CIBP @ ± 10425' and cap with 35' cement to abandon strawn formation (10472'-10486')
Perforate first bone spring sand from 6794' - 6975'
Acidize with 7 1/2% HCL Acid and test.
Frac with water based gel and sand, test and evaluate.
Restore to production.

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 E. W. Nelson TITLE Engineer DATE 1-9-95

TYPE OR PRINT NAME Erick W. Nelson TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE MAR 7 1995

CONDITIONS OF APPROVAL, IF ANY: