

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

1993  
dp

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

API NO. (assigned by OCD on New Wells)

30-015-22189

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-5073

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

New Mexico "CU" 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

Winchester - Bone Spring

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 36 Township 19S Range 28E NMPM Eddy County

10. Proposed Depth

10,300 PB

11. Formation

Bone Spring

12. Rotary or C.T.

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

3320' KB

14. Kind & Status Plug. Bond

Blanket

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
15"	11-3/4"	47#	379'	600 sx.	Circ
10-5/8"	8-5/8"	32#	2,775'	1050 sx.	640'
7-7/8"	5-1/2"	15.5, 17.20#	10,400'	1550 sx.	4850'

This well is presently completed in the Wolfcamp Formation with perforations at 8,980' - 9,018' and 9,024' - 9,207'. Mewbourne proposes to plug back to the Bone Spring Formation at 6,872' - 6,914'. A CIBP will be set at 8,955' (Top of Wolfcamp) and capped with 35' of cement.

180 DAYS  
5/18/94

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

*[Signature]*

TITLE

District Superintendent

DATE 11/08/93

TYPE OR PRINT NAME

RELLY RYAN

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

NOV 12 1993

CONDITIONS OF APPROVAL, IF ANY: