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 Departme...

OIL CONSERVATION DIVISION

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

RECEIVED
NOV - 2 1992
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

clsk
BLM
OCD

API NO. (assigned by OCD on New Wells) 30015 22693

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L-1610

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [XX] DEEPEN [ ] PLUG BACK [ ]

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

7. Lease Name or Unit Agreement Name: STATE 23

2. Name of Operator: CHI OPERATING, INC. ✓

8. Well No. ~~23~~ 1

3. Address of Operator: P. O. BOX 1799, MIDLAND, TEXAS 79702

9. Pool name or Wildcat: PARKWAY BONE SPRINGS

4. Well Location
Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 23 Township 19-S Range 29-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8600'	Bone Springs	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3319.2 GR	$50,000 BKT	WEK	11/02/92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
7 7/8"	5 1/2"	17#	8600'	700	2700'

1) MIRU WEK Rig #1 and drill plugs to 8600'.
2) Run 8600' of 5 1/2" csg & cmt with 700 sks of Class C & 50/50 Poz
3) BOP is a 3,000# 11" Shaffer Type E w/double hudraulic

Former: Southland Royalty - State 23 Com #1
DTD - 11,785 PFA - 1-23-26

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5-3-93
UNLESS DRILLING UNDERWAY

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 President DATE 10/30/92

TYPE OR PRINT NAME David H. Harrison 915 685-5001 TELEPHONE NO.

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

APPROVED BY _____ TITLE _____ DATE NOV 3 1992

CONDITIONS OF APPROVAL, IF ANY: