

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 87504-2088

AUG 16 1993

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)
30-015-22826

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
648

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒	7. Lease Name or Unit Agreement Name STATE 32 COM
b. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐	8. Well No. # 1
2. Name of Operator SOUTHLAND ROYALTY COMPANY	9. Pool name or Wildcat WINCHESTER (ATOKA)
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810	

4. Well Location
Unit Letter B : 660' Feet From The NORTH Line and 1980' Feet From The EAST Line
Section 32 Township 19S Range 28E NMPM EDDY County

10. Proposed Depth 11030' PBDT	11. Formation ATOKA	12. Rotary or C.T.
13. Elevations (Show whether DF, RT, GR, etc.) 3366.9 GR	14. Kind & Status Plug. Bond STATEWIDE	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"	42#	360'	375 SXS	SURFACE
11"	8 5/8"	24#	2608'	1150 SXS	SURFACE
7 7/8"	4 1/2"	11.6#/13.5#	11135'	460 SXS	TOC @ 5210'

PLUG BACK AND RECOMPLETE FROM THE MORROW TO THE ATOKA
SET CIBP FOR 4 1/2" CSG @ 10,570'. CAP W/+/- 35' CEMENT
RIH W/GR-CCL AND CORRELATE PERFS W/NEUTRON/DENSILOG DATED 11/8/79. PERFORATE THE ATOKA 10,324' - 10,339' (4 JSPF).
PRESSURE TEST CIBP TO 5000 PSI W/1000 PSI ON 2 7/8" X 4 1/2" ANNULUS
PRESSURE TEST BOP AND 2 7/8" X 4 1/2" ANNULUS TO 4250 PSI
TREAT ATOKA SAND W/750 GLS 7 1/2% MOD-101 ACID
FRAC ATOKA SAND W/28,000 GLS OF 60% ALCOFOAM & 24,600 LBS OF 20/40 LWP PLUS.
FLOW/SWAB. PUT WELL ON PRODUCTION. RUN 4 POINT TEST

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 Donna Williams TITLE PRODUCTION ASSISTANT DATE 8/12/93

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2-17-94
UNLESS DRILLING UNDERWAY

AUG 27 1993