dlsr Dp+

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-23805

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

6. State Oil & Gas Lease No.
LG-6257

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 [ ] GAS WELL [X] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Williams State Com.

2. Name of Operator
Southland Royalty Company

8. Well No.
1

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat
Angell Ranch (Bone Spring)

4. Well Location
Unit Letter K : ~~1980~~ 1650 Feet From The South Line and 1980 Feet From The West Line

Section 2 Township 19S Range 27E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
PBTD @ 8290'	Bone Spring	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3531.9' GR	statewide		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 1/2"	11 3/4"	42#	252'	400 sxs	surface
11"	8 5/8"	24#	2003'	600 sxs	surface
7 7/8"	4 1/2"	11.6#	10,565'	1100 sxs	TOC @ 7330'

Plug back and recomplete from the Upper Penn Cisco gas to the Bone Spring
Set CIBP for 4 1/2" csg @ 8290' +/- cap w/35' cmt.
RU H2S monitoring equipment and appropriate breathing apparat.
RIH w/ GR-CCL & correlate perfs w/densilog,neutron, GR dated 11-21-81. Perforate Bone Spring Carbonate 7600-7624' w/4 jspf.
Pressure test csg. & CIBP to +/- 4000 psi.
Wash perfs w/1000 gals. of 2% KCL. Treat perfs w/2400 gals. of 20% DAD (75:25) acid.
Swab. Put well on prod. Run 4 pt. flow 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 Prodution Assistant DATE 5-18-93

TYPE OR PRINT NAME Donna Williams TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY Mark Ashley TITLE Asst DATE 5-25-93

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR ... DAYS
UNLESS EXPIRES ...
UNLESS DRILLING UNDERWAY ...

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Energy, Minerals and Natural Resources Department

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

Form C-102
Revised 1-1-89

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
SOUTHLAND ROYALTY COMPANY	WILLIAMS STATE COM.	1

Unit Letter	Section	Township	Range	NMPM	County
K	2	19-S	27-E		EDDY

Actual Footage Location of Well:
1780 feet from the SOUTH line and 1980 feet from the WEST line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
3531.49'	BONE SPRING	ANGELL RANCH	160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

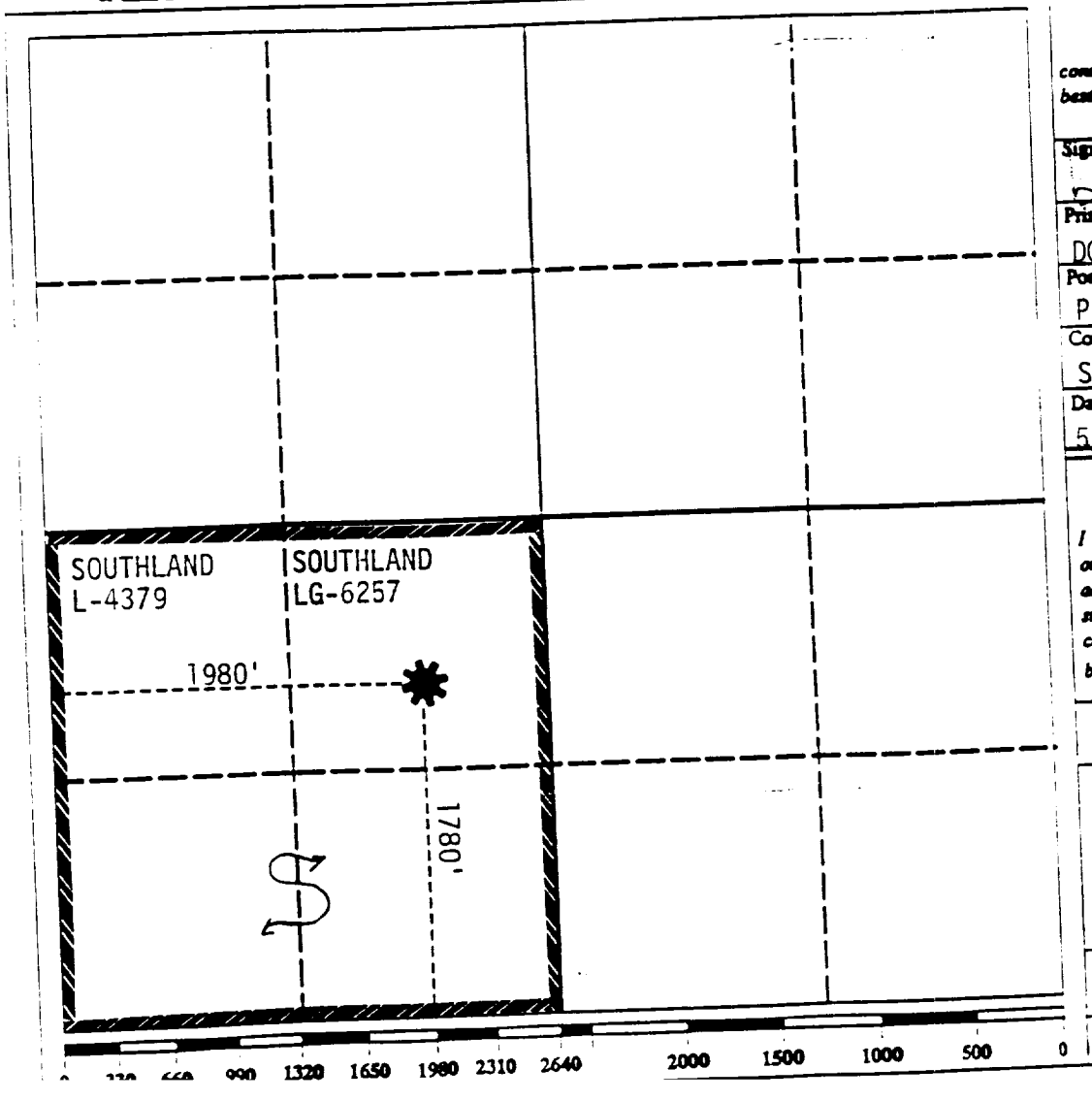
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

[X] Yes [ ] No If answer is "yes" type of consolidation COMMUNITIZED

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the informa contained herein is true and complete to best of my knowledge and belief.

Signature: Donna Williams

Printed Name: DONNA WILLIAMS

Position: PRODUCTION ASSISTANT

Company: SOUTHLAND ROYALTY COMPA

Date: 5/18/93

SURVEYOR CERTIFICATION

I hereby certify that the well location on this plat was plotted from field n actual surveys made by me or und supervison, and that the same is tr correct to the best of my knowledg belief.

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.