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
JUN 13 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

c15p

API NO. (assigned by OCD on New Wells) 3001523942

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

6. State Oil & Gas Lease No. LG-1657

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: New Mexico DC State

2. Name of Operator: Exxon Corporation

8. Well No. 1

3. Address of Operator: P. O. Box 1600, Midland, Texas 79702

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 18 Township 19S Range 29E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
11268	Atoka	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3379 KB	Blanket	Unknown	7-23-90

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	13-7/8	54	365	425 sxs	Surf
11	8-5/8	24	2944	2000 sxs	Surf
7-7/8	5-1/2	15.5, 17, 20	11798	2300 sxs	950

CIBP @ 10895' to plugback within casing from the Undesignated Turkey Tract - Morrow (Gas) (11003-11147) and perforate the Atoka from 10684'-10700', ac 1500 gal.

BOPs: Minimum - 2000 psi WP, double ram

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/19/91
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 Alex M. Correa TITLE Administrative Specialist DATE 6/6/91

TYPE OR PRINT NAME Alex M. Correa TELEPHONE NO. 915-688-7532

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

APPROVED BY _____ TITLE _____ DATE JUN 18 1991

CONDITIONS OF APPROVAL, IF ANY: 35' cmt on top of CIBP