

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

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

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

API NO. (assigned by OCD on New Wells)  
30-015-24568

Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

South Boyd

2. Name of Operator

Nearburg Producing Company

8. Well No.

1

3. Address of Operator

P. O. Box 823085, Dallas, Texas 75382-3085

9. Pool name or Wildcat

Undesignated Cisco-Canyon

4. Well Location

Unit Letter F : 1,980 Feet From The North Line and 1,980 Feet From The West Line

Section 27

Township

19S

Range

25E

NMPM

Eddy

County

10. Proposed Depth

7,800

11. Formation

Cisco-Canyon

12. Rotary or C.T.

N.A.

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

3,455.7' GR.

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Cobra

16. Approx. Date Work will start

6-25-92

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"	13-3/8"	54.50#	373'	450	Surface
11"	8-5/8"	28#	1,320'	880	Surface
7-5/8"	4-1/2"	11.60#	9,439'	975	6,300'

1. Set blanking plug in packer @ 9,040'. Set RBP @ 7,800'.
2. Perforate Cisco-Canyon and stimulate as necessary.
3. Run sub pump and production test.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 12/23/92  
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

*Eddie J. Gelwick*

TITLE

Operations Coordinator

DATE 6-15-92

TYPE OR PRINT NAME

Eddie J. Gelwick

TELEPHONE NO. 214-739-1778

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IV

APPROVED BY

TITLE

DATE

JUN 29 1992

CONDITIONS OF APPROVAL, IF ANY: