

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

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MAR 19 1991

API NO. (assigned by OCD on New Wells)

30-015-26672

5. 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 ☐

ARTESIAL OFFICE

b. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

Clyde Com.

2. Name of Operator

Conoco Inc.

8. Well No.

1

3. Address of Operator

10 Desta Drive, Suite 100W, Midland, TX 79705

9. Pool name or Wildcat

North Dagger Draw Upper Penn.

4. Well Location

Unit Letter A : 710 Feet From The North Line and 660 Feet From The East Line

Section 18

Township 19S

Range 25E

NMPM

Eddy

County

10. Proposed Depth

8100'

11. Formation

Cisco

12. Rotary or C.T.

Rotary

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

3553.3

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14-3/4"	9-5/8"	36/40#	1200'	2000 sxs	Surface
8-3/4"	7"	26#	8100'	1800 sxs	Surface

This well is proposed to be drilled as a Cisco oil producer.

Attached are:

1. Well location and Acreage Dedication Plat.
2. Proposed Well Plan Outline.
3. Cementing Program Outline.
4. BOP Specifications.

APPROVAL VALID FOR 180 DAYS

9/21/91

RECEIVED

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

Jerry W. Hoover

TITLE

Regulatory Coordinator

DATE 3/18/91

TYPE OR PRINT NAME

Jerry W. Hoover

TELEPHONE NO. 915-686-6548

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

MAR 21 1991

CONDITIONS OF APPROVAL, IF ANY:

NOT VALID FOR PRODUCTION  
95/8