

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

FILE

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

OIL CONSERVATION DIVISION

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

APR 30 1991

O. C. D.
ARTESIA, OFFICE

API NO. (assigned by OCD on New Wells)

30-015-26732

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-10083

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

Royal A

2. Name of Operator

PHILLIPS PETROLEUM COMPANY

8. Well No.

2

3. Address of Operator

4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat

Cemetery (Morrow)

4. Well Location

Unit Letter H: 1980 Feet From The North Line and 660 Feet From The East Line

Section 16 Township 20-S Range 25-E NMPM Eddy County

10. Proposed Depth

9700'

11. Formation

Morrow

12. Rotary or C.T.

rotary

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

3451'

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

advise later

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
17-1/2"	13-3/8"	48#	350'	600	surface
11" 12 3/4"	8-5/8"	24#	1350'	200 sk lead	surface
				150 sk tail	surface
7-7/8"	5-1/2"	15.5# & 17#	9700'	400 sk lead	5000'
				250 sk tail	8700'

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/2/91
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

L. M. Sanders

TITLE

Supervisor,
Regulation & Proration

DATE 4/29/91

TYPE OR PRINT NAME

L. M. Sanders

(915) 368-1411
TELEPHONE NO.

(This space for State Use)

APPROVED BY

MAE WATKINS

TITLE

SUPERVISOR, DISTRICT II

DATE

May 2 1991

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.C.O.D. IN SUFFICIENT
TIME TO WITNESS COMPLETING THE

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