

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

091
 804
 540
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OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87404-2088

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

SEP 10 1991

O. C. D.

API NO. (assigned by OCD on New Wells)
30-015-26837

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 K-4093

APPLICATION FOR PERMIT TO DRILL, DEEPEN, RE-ENTER, 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
 Sivley State

2. Name of Operator
 Pool Oil Company ✓

8. Well No.
 1

3. Address of Operator
 P.O. Box 604

9. Pool name or Wildcat
 Millman QN-GR-SA

4. Well Location
 Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
 Section 17 Township 19S Range 29E NMPM Eddy County

10. Proposed Depth 2150'
 11. Formation Queen
 12. Rotary or C.T. C.T.

13. Elevations (Show whether DF, RT, GR, etc.) 3261
 14. Kind & Status Plug. Bond Single Well Cash
 15. Drilling Contractor Company Tools
 16. Approx. Date Work will start 9/1/91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12"	8 5/8"	23#	450'	300 sx.	Circ. to Surf
8"	4 1/2"	10.5#	2150'	450 sx.	" " "

We intend to drill this well with cable tools to 2150' to test the Queen Formation. If warranted, 4 1/2" production casing will be set and the well completed and stimulated as required.

Post ID-1
 9-20-91
 New loc + API

APPROVAL VALID FOR 180 DAYS
 BEGINNING 9/13/92
 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 Fred F. Pool, III TITLE Owner DATE August 26, 1991

TYPE OR PRINT NAME Fred F. Pool, III TELEPHONE NO. 622-4859

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE **SEP 13 1991**

CONDITIONS OF APPROVAL, IF ANY: