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

AUG 25 1992

O.C.D.

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-27090

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

6. State Oil & Gas Lease No.
V-735

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name
BLACKFOOT STATE

2. Name of Operator
SOUTHEASTERN PETROLEUM, INC.

8. Well No.
1-Y

3. Address of Operator
911 N. PEARSON, ROSWELL, NM 88201

9. Pool name or Wildcat
WILDCAT Delaware Ce

4. Well Location
Unit Letter P : 660 Feet From The SOUTH Line and 640 Feet From The EAST Line

Section 16 Township 19S Range 31E NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6,600'	DELAWARE	ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3503.4 GR	SINGLE WELL	UNITED DRILLING	8/25/92

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"	42#	500'	350 SX	CIRC
11"	8 5/8"	32#	2150'	425 SX	450'
7 7/8"	5 1/2"	1.5#	6600'	1400 SX	2000'

TO DRILL A WELL DEEP ENOUGH TO TEST THE DELAWARE FORMATION

Post ID-1
9-4-92
New Loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/17/93
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 Sonny Longo TITLE PRESIDENT DATE 8/24/92

TYPE OR PRINT NAME SONNY LONGO TELEPHONE NO. 625-0204

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAY 17 1993

CONDITIONS OF APPROVAL, IF ANY: