NA
C/SF
BLM
OP

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

RECEIVED
OCT - 7 1992
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-27159

5. Indicate Type of Lease STATE ☐ FEE X

6. State Oil & Gas Lease No.

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
Dagger Draw A

2. Name of Operator
Southwest Royalties, Inc.

8. Well No.
1

3. Address of Operator
P.O. Drawer 11390, Midland, Texas 79702

9. Pool name or Wildcat
Dagger Draw, ~~North~~ (Penn) W

4. Well Location
Unit Letter G : 1650 Feet From The North Line and 1980 Feet From The East Line

Section 17 Township 19-S Range 25-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8200'	Penn	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3533.4	Blanket Bond	Will notify	11-7-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	9 5/8"	36#	1200'	1000 sx Cl C	surface
8 3/4"	7"	23 & 26#	8200'	700 sx Cl H	1st stage
				750 sx Cl C lite	2nd stage

Anticipate moving rig in by 11-20-92.
Drilling and casing program as stated above.
Intend to test Upper Penn at Approximately 7500-7700'.
Blowout preventer diagram attached.

Pent ID-1
10-9-92
w/New Lse & API

APPROVAL VALID FOR 180 DAYS
UNLESS DRILLING UNDERWAY 4/8/93

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 Ann E. Ritchie TITLE Regulatory Agent DATE 10-6-92

TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO 915 684-6381

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE OCT 8 1992

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY OCD HOBBS OFFICE 24 HOURS PRIOR TO RUNNING THE 9 5/8 CASING