Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-101	B	
Revised 1-1-89	1	O 1

FEE X

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 28,7504-2088

30-015-27689 5. Indicate Type of Lease STATE L

API NO. (assigned by OCD on New Wells)

DOT - 4 1993

DISTRICT III		1 1333	6. State Oil & Gas Lease N	lo.		
1000 Rio Brazos Rd., Aztec, NM 87410						
	APPLICAT	ION FOR PERMIT	O DRILL, DEEPEN;	R-PL-WO-BACK	<u> </u>	
1a.	Type of Work:				7. Lease Name or Unit Agr	eement Name
	DRILI	. XX RE-ENTER	DEEPEN	PLUG BACK		
b.	Type of Well: Oil GAS WELL WELL	OTHER	SINGLE 20NE	MULTIFLE ZONE	DAGGER DRAW 30N	COM
2.	Name of Operator CONOCO INC	. 🗸			8. Well No. 15	
3.	Address of Operator 10 DESTA D	RIVE STE 100W.	MIDLAND, TX. 7970	05	9. Pool name or Wildcat NO. DAGGER DRAW	UPPER PENN MORTH
4.	Well Location Unit Letter A	: 660 Feet I	From The NORTH	Line and 66	Feet From The	EAST Line
	Section	30 Town	ahip 195 Ram	25 E	nmpm EDDY	County
						12. Rotary or C.T.
			10. Proposed Depth	,	SCO	ROTARY
13. G	Elevations (Show whath R 3541	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond BLANKET	15. Drilling Contractor	16. Approx. I 10-16-9	Date Work will start
17.	FINOI COLD CACING AND CLIMET.					
_	SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	14 3/4"	9 5/8"	36#	1200	1100	SURFACE SURFACE
	8 3/4"	7"	26#	8100	1205	SORPROE

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

	submitted in the following		3:				
1. Well Lo 2. Propose 3. Cement: 4. BOP Spe	ocation & Acreage Dedicated Well Plan Outline ing Program Outline ecifications	ion Plat					
				10-1 12-8-93 NCANPI			
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DESIFIN OR FLUG BACK, GIVE DATA ON FRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.							
I hereby certify that the im	formation above is true and complete to the best of m	y knowledge and belief.	DECLIF ATODY CDEC	10-1-93			
SIONATURE	11 K. Kearlly	πr. 3r.	REGULATORY SPEC.	915-686-5424			
TYPE OR PRINT NAME	Bill R. Keathly			TELEPHONE NO.			
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT I	TOTAL		OCT # 7 1993			
APTROVED BY				100			
	CITIFY N.M.C.C D. IN SUFFICIEN ME TO WITNESS CEMENTING CASING		APAROVAL VALID PERMIT EXPIRES : UR. ESS DRILLING	FOR SO DAYS DAYS			