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
NOV - 8 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-22414

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

6. State Oil & Gas Lease No. B-9086

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: State Lease

2. Name of Operator: Vision Energy, Inc.

8. Well No. #1

3. Address of Operator: P.O. Box 2459 Carlsbad, NM

9. Pool name or Wildcat: Wildcat Yates

4. Well Location
Unit Letter B : 659 Feet From The South Line and 661 Feet From The West Line

Section 21 Township 20S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
790'	Yates	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
Gr ~~3246'~~ 3134	per well		November 1991

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10"	8 1/4	32#	213'	15	Cir
8 1/4	7"	24#	522'		Cir

1. RU Pulling Unit, install 7'x 2 3/8 Tbg head and 3K BOP
2. Drill to 780', treat W/ 15% HCL
3. Swab well in and flow test for production

Post ID-1
11-29-91
New Loc.

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 _____ TITLE General Manager DATE 10-30-91

TYPE OR PRINT NAME Tommy W. Folsom TELEPHONE NO

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE NOV 14 1991

CONDITIONS OF APPROVAL, IF ANY: