

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1425.

30-015-25009

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
Perry R. Bass

3. ADDRESS OF OPERATOR
P. O. Box 2760, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
250' FNL & 1600' FWL Section 5 T21S, R30E

At proposed prod. zone
Same as above

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
16 Miles ENE of Carlsbad, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any.)
250'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
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21. ELEVATIONS (Show whether DF, RT, GR, etc.)
G.L. 3544.6'

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
24"	20"	94#	800±	700 sks Circ to surface
17½"	13-3/8"	54.5#	1700'±	1100 sks Circ. to surface
12¼"	9-5/8"	40#	4000'±	1200 sks Circ to surface
8-3/4"	7"	23&26#	13,450'±	650 sks Est TOC @ 9500'± *

Drilling prognosis, BOP diagrams, formation tops and surface use plans are attached.

* A HALCO "FO" tool will be run on the 7" production casing and cemented with 400 sks. Lite (1.84 ft³/sk., 12.7ppg) Est. TOC @ 1500'±. All this work will be done after rig is released and a completion rig is moved in.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Stephen L. Smith Engineering Assistant DATE July 9, 1984

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED