

SUBMIT IN TRIPPLICATE*

(Other instructions on reverse side)

30-015-26329
Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985UNITED STATES RECEIVED
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Ray Westall

3. ADDRESS OF OPERATOR

P.O. Box 4, Loco Hills, NM 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

660 FNL & 660 FWL

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

660'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3336' G1.

16. NO. OF ACRES IN LEASE

80

19. PROPOSED DEPTH

9500'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rt.

22. APPROX. DATE WORK WILL START*

Nov 1, 1989

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
24	20	94	250'	250 sxs Clas "C" Circulated
17 1/2	13 3/8	48	1600'	800 SXS Circulated
12 1/4	8 5/8	32	3200'	800 sxs Circulated
7 7/8	5 1/2	15.5	9500'	1400 sxs

It is proposed to drill a straight hole to 9,500' and complete as a producer in the Wolfcamp formation. Attached is a location and Acreage dedication plat, a proposed well plan outline, and a surface use plan.

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

Posted ID!
API & HL
11-10-89

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.

SIGNED

TITLE Geologist

DATE 10/21/89

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

AREA MANAGER

CARLSBAD ALCOHOLIC APL

APPROVED BY

TITLE

DATE 10-27-89

CONDITIONS OF APPROVAL, IF ANY: