

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

31-015-26442

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Simpson A

2. Name of Operator

OXY USA Inc.

8. Well No.

2

3. Address of Operator

P.O. Box 50250 Midland, TX. 79710

9. Pool name or Wildcat

Burton Flat Morrow

4. Well Location

Unit Letter

J

: 1980

Feet From The South

Line and

1980

Feet From The East

Line

Section

29

Township

21S

Range

27E

NMPM

Eddy

County

10. Proposed Depth

11810'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3136.4 GR

14. Kind & Status Plug. Bond

Required/Approved

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

After permit approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	600'	650	Circulated
12 1/4"	8 5/8"	24-32#	3000'	1400	Circulated
7 7/8"	5 1/2"	17-20#	11810'	1300	Top of Wolfcamp

It is proposed to drill this well to a TD of 11810' and test the Morrow formation. The Blowout Prevention program is as follows:

0-600'

None

600'-3000'

12" 3000# WP Blind & pipe rams

3000'-11810'

10" 5000# WP Blind & pipe rams,
3000# WP annular preventor, and
rotating head below 8500'.

Post FD-1
8-10-90
New line &
APF

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 2/9/91

UNLESS DRILLING UNDERWAY

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

David Stewart

TITLE

Production Accountant

DATE 7/31/90

TYPE OR PRINT NAME

David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

AUG 9 1990

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

None

85/8 csg.