

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

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

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

JAN 28 '91

C. C. D.

API NO. (assigned by OCD on New Wells)

30-015-26626

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K-4474

7. Lease Name or Unit Agreement Name

Salomeh

8. Well No.

1

9. Pool name or Wildcat

Cabin Lake (Delaware)

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 ☐

2. Name of Operator

Corinne B. Grace

3. Address of Operator

PO Box 1418, Carlsbad NM 88220

4. Well Location

Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line

Section 36 Township 21S Range 30E NMPM Eddy County

10. Proposed Depth

7800'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

3249.6 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Cactus Drilling Co. 2-7-91

16. Approx. Date Work will start

2-7-91

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"	54.50#	400'	700 sx	Circ
12 1/4"	8 5/8"	24 & 32#	3500'	1500 sx	Circ
7 7/8"	5 1/2"	15.50 & 17#	7600'	1000 sx	2500'

Operator proposes to drill & test Lower Delaware & Intermediate zones which may produce oil or gas in commercial quantities.

Mud program: 0-400' Spud Mud - Fresh Water

400'-3500' Cut Brine

3500'-TD Cut Brine, Salt Gel, Starch

BOP Program: See Attached Diagram

(NOTE: This location not under a current potash lease or within 1 mile of a potash lessee or L.M.R. per Shannon Shaw & Gary Johnson - BLM)

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 Corinne B. Grace TITLE Operator DATE 1-28-91

TYPE OR PRINT NAME Corinne B. Grace

TELEPHONE NO. 505-887-5581

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOTED & APPROVED ON SUFFICIENT
100' L.P. IN EXISTING WELL
8 5/8"

JAN 30 1991