

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

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

30-015-26832  
API NO. (assigned by OCD on New Wells)

30-015-62832

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L 7010

7. Lease Name or Unit Agreement Name

OXY STATE

8. Well No.

2

9. Pool name or Wildcat

E. CATCLAW DELAWARE

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

CHI OPERATING, INC.

3. Address of Operator

P. O. BOX 1799, MIDLAND, TEXAS 79702

4. Well Location

Unit Letter M : 330 Feet From The SOUTH Line and 900 Feet From The WEST Line

Section 9 Township 21S Range 26E NMPM EDDY County

10. Proposed Depth

4,200'

11. Formation

DELAWARE

12. Rotary or C.T.

ROTARY

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

3242

14. Kind & Status Plug. Bond

\$50,000 BLANKET

15. Drilling Contractor

L & M DRILLING CO

16. Approx. Date Work will start

09/11/91

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"	48#	350'	500 sk	SURFACE
12 1/4"	8 5/8"	24#	2200'	1100 sk	SURFACE
7 7/8"	5 1/2"	15.50#	4200'	600 sk	2000'

1) It is proposed to drill this well to .T.D. of 4,200' and test the Delaware formation.

2) The blowout prevention program is as follows: BOP is a 10" Camron SF Space Saver with double hydraulics.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 3/11/92  
UNLESS DRILLING UNDERWAY

SEP 6 1991

O. C. D.  
ARTESIA OFFICE

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 H. Harrison TITLE PRESIDENT DATE 08/30/91

TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915 685-5001

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 11 1991

CONDITIONS OF APPROVAL, IF ANY:

NO OTHER DATA IS SUFFICIENT  
TO PRESENTING THE  
8 5/8" DRILLING