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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
FEB 14 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

c/SF
DP

API NO. (assigned by OCD on New Wells) 3001520831

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: South Carlsbad Gas Com

2. Name of Operator: Exxon Corp.

8. Well No.: 1

3. Address of Operator: P. O. Box 1600, Midland, Texas 79702

9. Pool name or Wildcat: Undesignated Black River, North-Atoka G.

4. Well Location
Unit Letter N : 1980 Feet From The West Line and 990 Feet From The South Line

Section 23 Township 23S Range 26E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
OTD 11991	Atoka	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3283	Blanket	Unknown	2-18-91

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15	11-3/4	42	610	400	Surface
10-5/8	8-5/8	32	5295	900	1800
7-7/8	3-1/2	9.2	11990	1850	3895

Plugback from Morrow perfs (11433' - 11797'). Set CIBP at 11400'. Perf Atoka (10578' - 11036'), ac 2100 gal + 700 SCFPB nitrogen. Minimum BOP will be double ram, 2000 # WP.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 7/18/91
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 Alex M. Correa TITLE Administrative Specialist DATE 2/12/91

Alex M. Correa
TYPE OR PRINT NAME

TELEPHONE NO. 915-688-7532

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE FEB 20 1991

CONDITIONS OF APPROVAL, IF ANY: