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

NOV 16 1993

O. C. D.

Form C-101
Revised 1-1-89

C/SF
NSP

API NO. (assigned by OCD on New Wells)
30-015-21008

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
Wersell "A"

2. Name of Operator
Union Oil Company of California

8. Well No.
1

3. Address of Operator
P. O. Box 671 - Midland, TX 79702

9. Pool name or Wildcat
Undesignated (Bone Springs)

4. Well Location
Unit Letter C : 760 Feet From The north Line and 1980 Feet From The west Line

Section 3 Township 22-S Range 27-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10,800'	Bone Springs	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
		UnKnown	ASAP

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
No	change	in	casing	—	

Procedure -

① MIRU RU. NU BOP. TOH w/tbg & pKr. ② TIH w/CIBP & set @ ± 10,923' (10,923') w/35 cmt top. ③ Spot approx 2600 gals 10# treated brine from 8145' to TOC. TOH. ④ RU WL. Perforate Bone Springs 8120-8138' (2 SPF) w/120° phasing 4" csg gun. ⑤ TIH w/treating pKr & tbg. RU Western. Pump 5000 gals 15% w/NE, FE & LST & clay control add. w/54 1.3 RCN BS; spaced evenly throughout. ⑥ Flush w/2% KCl to top perf. Surge ball sealers. SI 30 mins. RD Western. Swab back load. TOH w/ pKr. ⑦ TIH w/tbg-set pKr @ ± 8020'. ND BOP. Place well on line.

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 Charlotte Beeson TITLE Drlg. Clerk DATE 11-8-93

TYPE OR PRINT NAME Charlotte Beeson TELEPHONE NO (915) 685-7607

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE NOV 30 1993

CONDITIONS OF APPROVAL, IF ANY: