

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

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

OIL CONSERVATION DIVISION

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

NOV 4 1991

O. C. D.

ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)
30-015-21670

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

Jarvis Mead Com.

8. Well No.

1

9. Pool name or Wildcat

Carlsbad

Wildcat Alaska

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 5

Township 22-S

Range 27-E

NMPM Eddy

County

10. Proposed Depth

--

11. Formation

L

12. Rotary or C.T.

--

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

3141' GL

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

--

16. Approx. Date Work will start

10-25-91

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"	54.5, J-55	0-422'	425 sxs.	cmt. circ.
12 1/4"	9 5/8"	36, K-55	0-3030'	1100 sxs.	cmt. circ.
8 1/2"	7"	23-32, N-80	0-11,784'	600 sxs.	TOC @ 7605'
6"	5 1/2"	23, C-75	11,629-12,478'	125 sxs.	NA

Current perms @ 11,036-11,053' have loaded up w/ formation water and will not flow without continuous swabbing. We propose the following work:

1. MIRU. NUBOP, NDWH. Release pkr. @ 10,791, TOH.
2. By wireline, set 7" CIBP @ 10,950'. Cap w/ 35' cmt. PBTD 10,915'.
3. TIH w/ pkr. Load hole w/ 2% KCL water, flush down tbg. w/ 110 MCF nitrogen to pkr. Set pkr. @ 10,300'. NDBOP, NUWH.
4. With tbg. gun, shoot 2 spf @ 10,423-25' and 10,430-38'. TOH w/ gun.
5. Acidize perms if necessary. Place well on test.

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

Brad D. Burks

TITLE Agent

DATE 11-1-91

TYPE OR PRINT NAME

Brad D. Burks

918-582-3855

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 8 1991