

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

APR 3 '90

API NO. (assigned by OCD on New Wells)
30-015-22220

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-187

7. Lease Name or Unit Agreement Name

EDDY "GF" STATE

8. Well No.

9. Pool name or Wildcat

CARLSBAD, SOUTH

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

BISON PETROLEUM CORPORATION

3. Address of Operator

5809 SOUTH WESTERN, SUITE 200, AMARILLO, TX

4. Well Location

Unit Letter C : 810 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 16 Township 23-S Range 27-E NMPM EDDY County

10. Proposed Depth

11. Formation

12. Rotary or C.T.

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

3140 GL

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

KWA, INC.

16. Approx. Date Work will start

4/3/90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16	65 #	400	CIRCULATED	
14-3/4	10-3/4	40.50	2000	1300 SXS.	840
9-1/2	7-5/8	29.70	8990	800 SXS.	4310
6-1/2	5"	18.	TOL 8688		

(1) CURRENT MORROW ZONE 12,139-44, 12,156-62 IS UNECONOMICAL.

(2) PLAN TO PULL PKR AND TBG.

(3) SET CIBP + 35' CMT @ 12,000'.

(4) PERFORATE AND TESTUPPER ZONES; IN AN ATTEMPT TO ESTABLISH COMMERCIAL PRODUCTION.

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 _____ TITLE AGENT

DATE 4/02/90

TYPE OR PRINT NAME CHRIS PRICKETT

(915)

TELEPHONE NO. 697-3265

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

DATE APR 5 1990

CONDITIONS OF APPROVAL, IF ANY: