

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 1-1-99

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 RECEIVED
Santa Fe, New Mexico 87504-2088

DEC - 6 1991

O. C. D.
ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Malaga Com

8. Well No.

1

9. Pool name or Wildcat

Malaga Bone Spring, North

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

Parker & Parsley Development Company

3. Address of Operator

P.O. Box 3178, Midland, Texas 79702

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 3 Township 24S Range 28E NMPM Eddy County

10. Proposed Depth

6250

11. Formation

Brushy Canyon

12. Rotary or C.T.

W/O Unit

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

3016' GL

14. Kind & Status Plug. Bond

Blanket Bond

15. Drilling Contractor

N/A

16. Approx. Date Work will start

ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

It is proposed to plug back the Bone Springs and recomplete the East Loving (Delaware) Brushy Canyon.

- 1) Set CIBP @ 6250' w/ 35' cmt cap to plug back Bone Springs perms 6304' - 6331' (18 holes).
- 2) Run CBL and perf Brushy Canyon.
- 3) Frac using 50,000 gals XL and 150,000# 20/40 sd.
- 4) Put well on production test.

APPROVAL VALID FOR 180 DAYS
PERMIT 1 OF 1 9/6/92
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

Michael Reeves

TITLE

Operations Manager

DATE 12/4/91

TYPE OR PRINT NAME

Mike Reeves

915-683-4768
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

Mike Reeves

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JAN 6 1992

CONDITIONS OF APPROVAL, IF ANY: