

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

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

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

API NO. (assigned by OCD on New Wells)

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 Culebra Bluff

2. Name of Operator

RB Operating Company

8. Well No.

6

3. Address of Operator

2412 N. Grandview, Suite 201, Odessa, Texas 79761

9. Pool name or Wildcat

E. Loving (Delaware)

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 24

Township 23S

Range 28E

NMPM

Eddy

County

10. Proposed Depth

6300

11. Formation

Delaware

12. Rotary or C.T.

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

3004. GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

6/11/90

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"	48	485	600	Circ.
11"	7-5/8"	26.4	7006	3055	3600 by T.S.
6-1/4"	4-1/2"	11.6	5801-9498	450	

1. Set CIBP @ 6300' w/2 sx cement on top. (min 35' cmt)
2. Perforate @ 6177, 80, 86, 91, 96, 6202, 07, 13, 20, 28 & 30.
3. Acidize & frac.
4. Test and evaluate.

RECEIVED

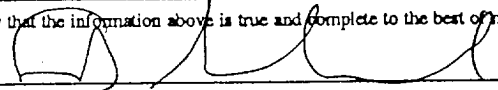
MAY 31 '90

O. C. D.
ARTESIA, OFFICE

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 Area Manager

DATE 5/29/90

(915)

TYPE OR PRINT NAME

F.D. Schoch

TELEPHONE NO. 362-6302

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 4 1990

CONDITIONS OF APPROVAL, IF ANY: