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NEW MEXICO OIL CONSERVATION COMMISSION

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30-015-23422

Form C-101
Revised 1-1-65

JUL 18 1980

O. C. D.

ARTESIA, OFFICE

5A. Indicate Type of Lease

STATE ☐

FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Earl Guitar	
2. Name of Operator MADDOX ENERGY CORPORATION		9. Well No. 1	
3. Address of Operator Blanks Building, Suite 906, Midland, Texas 79701		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 23 TWP. 24-S RGE. 28-E NMPM		12. County Eddy	
19. Proposed Depth 13,250		19A. Formation Morrow	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 2950' GL	21A. Kind & Status Plug. Bond Active	21B. Drilling Contractor Delta	22. Approx. Date Work will start August 1, 1980

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	20"	106.5#	500	950	Circulated
17 1/2"	13 3/8"	61#	3100	2500	Circulated
12 1/4"	9 5/8"	43.5 & 47#	10,500	2750	Circulated
8 1/2"	7"	26#	12,200	500	Circulated
6 1/8"	4 1/2"	13.5#	13,250	250	Circulated

Blowout Preventor Equipment Program

500 - 3,100' - 20", 2000 psi annular
3,100 - 10,500' - 12", 3000 psi double ram and annular
10,500 - 13,250' - 11", 10,000 psi double ram, single ram and 5000 psi annular

GAS IS NOT DEDICATED

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 10-21-80

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.

Signed [Signature] Title Operations Manager Date July 17, 1980

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUL 21 1980

CONDITIONS OF APPROVAL, IF ANY: