Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
SEP 27 '89
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

c15f
Dp

API NO. (assigned by OCD on New Wells) 30-015-2352200

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: Cavalier

2. Name of Operator: Kaiser-Francis Oil Company

8. Well No. 1

3. Address of Operator: P. O. Box 21468, Tulsa, OK 74121-1468

9. Pool name or Wildcat: Loving North

4. Well Location
Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line

Section 28 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation (Target)	12. Rotary or C.T.
12,950	Bone Springs	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3086 KB	Current	n/a	10/20/89

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
18 1/2	16	65	465	710	Surface
14 3/4	10 3/4	40.5	2400	2100	Surface
9 7/8	7 5/8	33.7	10601	1400	9400
9 7/8	7 5/8 (DV Tool)		5286	1250	4200
6 1/4	5 (lnr.)	23.2	10365-12945	350	10365

Current zone completion - Morrow (Perfs @ 12387'-12397').
Produces approx. 5 mcfd.

See attached proposal for recompletion to Bone Springs formation.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3-29-90
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 C. Van Valkenburg TITLE Technical Coordinator DATE 9/25/89

TYPE OR PRINT NAME Charlotte Van Valkenburg TELEPHONE NO. 918-494-0000

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE OCT 2 1989

CONDITIONS OF APPROVAL, IF ANY: