

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

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
Santa Fe, New Mexico 87504-2088

RECEIVED

JUN 22 1992

API NO. (assigned by OCD on New Wells)

30 015 23587

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6442

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

Poker Lake 32 State

2. Name of Operator

Enron Oil & Gas Company

8. Well No.

1

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat

Sand Dunes, West Brush Canyon

4. Well Location

Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east

Section 32 Township 23S Range 31E NMPM Eddy County

10. Proposed Depth

7920

11. Formation

Brushy Canyon

12. Rotary or C.T.

-

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

3367.5' GR

14. Kind & Status Plug. Bond

Blanket Active

15. Drilling Contractor

-

16. Approx. Date Work will start

6-19-92

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	706	720 sx	Circulated
14-3/4	10-3/4	40.5 & 45.5 & 55.5	4395	2900 sx	Circulated
9-1/2	7-5/8	29.7 & 33.7	12500	1250 sacks	
6-1/2	5" Liner	17.93#	14929	500 sacks	TOL: 12263

See attached WORKOVER procedure

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/29/92
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 correct to the best of my knowledge and belief.

SIGNATURE

Betty Gildon

TITLE

Regulatory Analyst

DATE

6/18/92

TYPE OR PRINT NAME

Betty Gildon

915/686-3714

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Mike Williams

TITLE

SUPERVISOR, DISTRICT II

DATE

JUL 24 1992

CONDITIONS OF APPROVAL, IF ANY: