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District Office  
State Lease - 6 copies  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OCT 23 '89

## OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

DATE NO. (assigned by OCD on New Wells)  
ARTESIA, NM 523562-23652

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 ☐

2. Name of Operator

OXY USA Inc.

8. Well No.

1

3. Address of Operator

P.O. Box 50250 Midland, Tx. 79710

9. Pool name or Wildcat

Loving Atoka/Morrow North

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 5 Township 23S Range 28E NMMPM Eddy County

10. Proposed Depth  
12549'

11. Formation  
Atoka

12. Rotary or C.T.  
Compl Ut.

13. Elevations (Show whether DF, RT, GR, etc.)  
3013' GR

14. Kind & Status Plug Bond  
Required/Blanket

15. Drilling Contractor  
Unknown

16. Approx. Date Work will start  
After permit approval

## 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#	400'	475	Circulated
14-3/4"	10-3/4"	40.5#	2445'	1350	Circulated
9-7/8"	7-5/8"	26.4-29.7#	9700'	2125	Circulated
6-1/2"	5"	18#	12538'	500	9297'

TD-12540' PBTD-12501' It is proposed to test the Atoka in the following manner:

(See Attached)

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 4-26-90  
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 F. A. Vitrano TITLE Dist. Oper. Mgr. - Prod. DATE 10/20/89

TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO 915-685-5717

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 30 1989

CONDITIONS OF APPROVAL, IF ANY: