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
JUN - 5 1992
O. C. D.

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-24352

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
LG-8597

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [XX]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Loving 36 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
Und. Delaware

4. Well Location
Unit Letter N : 660 Feet From The south Line and 2070 Feet From The west Line

Section 36 Township 23S Range 27E NMPM Eddy County

10. Proposed Depth 3800
11. Formation Delaware
12. Rotary or C.T. -

13. Elevations (Show whether DF, RT, GR, etc.) 3121.4' GR
14. Kind & Status Plug. Bond Blanket-Active
15. Drilling Contractor -
16. Approx. Date Work will start 06/05/92

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#	535	500 sacks	Circulated
12-1/4	9-5/8	36#	2260	1500 sacks	Circulated
8-1/2	7	23#	10500	1475 sacks	6000'
	2-3/8" tubing	4.7#	3500		
6-1/8	4-1/2" liner	13.5#	12818	400 sacks	TOL: 10242

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/17/92
UNLESS DRILLING UNDERWAY

-See Attached Workover Procedure-

Please comfirm workover by verbal approval - plan to move in unit tomorrow 06-04-92.

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 Betty Gildon TITLE Regulatory Analyst DATE 6/3/92

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 16 1992

CONDITIONS OF APPROVAL, IF ANY: