

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

FEB 16 1983

O. C. D.

ARTESIA, OFFICE

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		5A. Indicate Type of Lease	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator Exxon Corporation		5. State Oil & Gas Lease No. L-654	
3. Address of Operator P. O. Box 1600, Midland, TX 79702		7. Unit Agreement Name	
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>1880</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>19</u> TWP. <u>23S</u> RGE. <u>26E</u> NMPM		8. Farm or Lease Name New Mexico DI State	
19. Proposed Depth 8800'		9. Well No. 1	
19A. Formation Bone Springs		10. Field and Pool, or Wildcat Wildcat	
20. Rotary or C.T. Rotary		12. County Eddy	
21. Elevations (Show whether DF, RT, etc.) Ground 3430'		21A. Kind & Status Plug. Bond Blanket	
21B. Drilling Contractor Unknown		22. Approx. Date Work will start First quarter, 1983	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
26"	20"	94.0	40'	25 sx	Surface
17 1/2"	13 3/8"	72.0	600'	500 sx	Surface
11"	8 5/8"	24.0	1300' / 1655'	500 sx	Surface
7 7/8"	5 1/2"	17.0	8800'	700 sx	1300'

Mud Program

0- 600' FW Spud 8.4-8.8 ppg
600-8800' Cut Brine water 8.8-9.5 ppg

Diagrammatic sketch and specifications of BOP are attached.

Gas is not dedicated to a purchaser

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 Melba Knippling Title Unit Head Date February 15, 1983
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: