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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

50-015-25011

5. LEASE DESIGNATION AND SERIAL NO.
NM-22619

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1a. TYPE OF WORK
ARTESIAN OFFICE DRILL

DEEPEN

PLUG BACK

7. UNIT AGREEMENT NAME

b. TYPE OF WELL
OIL WELL GAS WELL OTHER
SINGLE ZONE MULTIPLE ZONE

8. FARM OR LEASE NAME
Ross Federal

2. NAME OF OPERATOR
Exxon Corporation

9. WELL NO.
1

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, Texas 79702

10. FIELD AND POOL, OR WILDCAT
Wildcat - Ross Fed

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
2255' FWL and 2268' FSL
At proposed prod. zone

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
25-23S-24E

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
9 miles NW from White City

12. COUNTY OR PARISH
Eddy

13. STATE
NM

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE
400

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
4700'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3853

22. APPROX. DATE WORK WILL START*
3rd Quarter of 1984

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11" 7/8"	8 5/8"	24#	1800'	500 sx CIRCULATE
7 7/8"	5 1/2"	14#	4700'	600 sx

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Melba Kripling TITLE Unit Head DATE 8-31-84
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 9-14-84

CONDITIONS OF APPROVAL, IF ANY:

APPLICANT SUBJECT TO
FEDERAL REQUIREMENTS AND
STATE REGULATIONS
APPROVED