

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
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SANTA FE, NEW MEXICO 87501
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 10-1-82
30-015-25363
5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
L-1649

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work 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 New Mexico EU State
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 Undesig. South Carlsbad (Morrow)
4. Location of Well UNIT LETTER J LOCATED 1935 FEET FROM THE South LINE 1904 East 26 23S 26E AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Eddy
19. Proposed Depth 12000'		19A. Formation Morrow
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DT, RT, etc.) 3246 GL	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Unknown
22. Approx. Date Work will start 10-1-85		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
24"	20"	94	450'	850	Surf
17 1/2"	13 3/8"	68	2200'	825	Surf
12 1/4"	9 5/8"	40.47	8950'	800	7900'
* 8 1/2"	7" liner	29.32	8500-11,300	250	8500
** 6"	4 1/2"	11.6	12000'	100	11200
*** 8 1/2"	4 1/2"	11.6, 13.5	12000'	700	8750

*Contingency liner **To be run if liner is used ***To be run if liner is not used.

Mud Program

Depth Interval	Type	Weight	pH
0-450'	FW	8.4-8.6	N.C.
450'-2300'	SBW	10.0	10-10.5
2300'-8950'	CBW	9-10	10-10.5
* 8950'-11300'	SBW	11-12.5	9-10
* 11300'-12000'	FW/KCL or CBW	9-10	9-10
** 8950 -17000'	SBW	11-12.5	9-10

*Mud properties if liner is used

**Mud properties if liner is not used.

BOPs	Casing	Type	Working pressure
	13 3/8"	RRA	5000
	9 5/8"	RRA	10000

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3-16-86
UNLESS DRILLING UNDERWAY

Diagrammatic sketch and specifications of BOP are attached.
Gas is not dedicated to a purchaser. (Gas Well Only)

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 Mike Williams Title Unit Head Date 7-31-85

(This space for State Use)
Original Signed By
Mike Williams
Oil & Gas Inspector

APPROVED BY _____ DATE SEP 16 1985

CONDITIONS OF APPROVAL, IF ANY:

NSL-2129 Appv. 9-22-85