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
MAY - 4 '89
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-26111

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 ☐

7. Lease Name or Unit Agreement Name
Willow Lake 15

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
Willow Lake

4. Well Location
Unit Letter O : 660 Feet From The south Line and 1980 Feet From The east Line

Section 15 Township 24S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,000'	Atoka	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3002.8' GR	Blanket-Active	Unknown at present	When permitted

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13-3/8"	48#	600'	750 sacks	Circulated
12-1/4"	9-5/8"	36#	2,500'	1700 sacks	Circulated
8-1/2"	7"	23#	10,400'	1350 sacks	7000'
6-1/8"	4-1/2" Liner	13.5#	12,000'	340 sacks	10,200'

BOP - Install at 2500' w/3000# cap. and 3000 # annular preventor, at 10,400' increase to 10,000# cap w/5000# annular preventor. Will use standard controlled BOP installation.

Gas is not dedicated.

Posted to NL Maps 5-5-89

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/4/89
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 Betty Gildon TITLE Regulatory Analyst DATE 5/3/89

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

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY _____ TITLE _____ DATE MAY 4 1989

CONDITIONS OF APPROVAL, IF ANY: