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
AUG 22 '89
O. C. D.
ARTESIA, OFFICE

Form C-101
~~Revised 1-1-89~~

API NO. (assigned by OCD on New Wells) 30-015-26171

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: Medano State Com.

2. Name of Operator: Union Oil Company of California

8. Well No. 1

3. Address of Operator: P.O. Box 671 - Midland, Texas 79702

9. Pool name or Wildcat: North Sand Dunes-Morrow Gas

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 36 Township 22-S Range 31-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
15,100'	Morrow	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3466' GR		UnKnown	By end of year

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	13 3/8"	48#	750'	600 sxs	Surface
12¼"	10 3/4"	51# & 45.5#	4500'	1600 sxs	Circ.
9½"	7 5/8"	33.7# & 29.7#	12,600'	*2050 sxs	Circ.
6½"	4½" L	13.5#	15,100'	*400 sxs	11,700'
			11,700' Top of liner		

* Actual volumes determined by caliper
Port ID-1
8-25-89
Newloc + API

See attached copies of BOP sketches.

APPROVAL VALID FOR 180 DAYS
UNLESS DRILLING UNDERWAY EXPIRES 2/23/90

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 Bobby Bryan TITLE Dist. Drlg. Supt. DATE 8-9-89

TYPE OR PRINT NAME Bobby Bryan TELEPHONE NO. (915) 682-9731

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE AUG 23 1989

CONDITIONS OF APPROVAL, IF ANY: