

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

OIL CONSERVATION DIVISION
RECEIVED
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 14 '89

API NO. (assigned by OCD on New Wells)

20-015-26205

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

State EC

2. Name of Operator

OXY USA Inc.

8. Well No.

1

3. Address of Operator

P.O. Box 50250 Midland, Tx. 79710

9. Pool name or Wildcat *East Hess*
Undesignated Morrow

4. Well Location

Unit Letter N : 990 Feet From The South Line and 1880 Feet From The West Line

Section 36 Township 23S Range 23E NMPM Eddy County

10. Proposed Depth

10850'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
4333.7 GR

14. Kind & Status Plug. Bond
Required/Bonded

15. Drilling Contractor
Unknown

16. Approx. Date Work will start
After permit approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	350'	500	Circulated
12-1/4"	8-5/8"	24#	2500'	1150	"
7-7/8"	5-1/2"	17#	10850'	1500	

It is proposed to drill this well to a TD of 10850' and test the Morrow Formation. The Blowout Prevention Program is as follows:

1. One set of blind rams.
2. One set of drill pipe rams.
3. One Hydrill

*Post ID-1
10-13-89
New Loc & API*

The acreage dedicated to this well has not been assigned to any gas purchaser.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-6-90
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 F.A. Vitrano TITLE Dist. Oper. Mgr. - Prod. DATE 8/10/89

TYPE OR PRINT NAME F.A. Vitrano TELEPHONE NO 9156855717

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 6 1989

OIL CONSERVATION DIVISION

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Oxy USA, Inc.			Lease State EC		Well No. 1
Unit Letter N	Section 36	Township 23 South	Range 23 East	County NMPM	Eddy

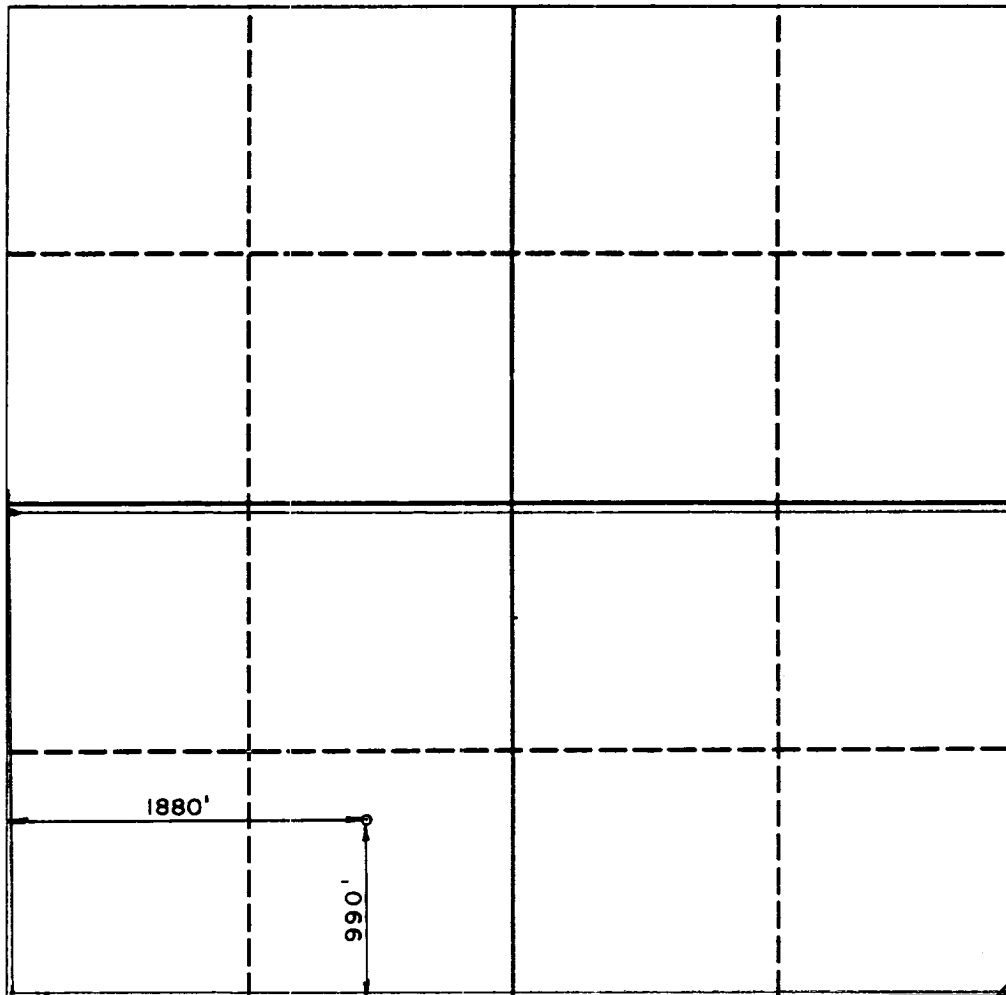
Actual Footage Location of Well:

990 feet from the South line and		1880 feet from the West line	
Ground level Elev. 4333.7	Producing Formation Morrow	Pool Undesignated Morrow	Dedicated Acreage: 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
F. A. Vitrano
Printed Name
F. A. Vitrano
Position
Dist. Oper. Mgr. - Prod.
Company
OXY USA Inc.
Date
8-10-89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
July 31, 1989
Signature & Seal of
Professional Surveyor

