

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OCT 30 '89

O. C. D.

API NO. (assigned by OCD on New Wells)

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

South Culebra Bluff 23

2. Name of Operator

RB Operating Company

8. Well No.

2

3. Address of Operator

2412 N. Grandview, Suite 201, Odessa, Texas 79761

9. Pool name or Wildcat

E. Loving (Delaware)

4. Well Location

Unit Letter L: 1920 Feet From The South Line and 660 Feet From The West Line

Section 23

Township 23-S

Range 28-E

NMPM

Eddy

County

10. Proposed Depth
6500'11. Formation
Delaware12. Rotary or C.T.
Rotary13. Elevations (Show whether DF, RT, GR, etc.)
3009.5 GR14. Kind & Status Plug. Bond
Blanket15. Drilling Contractor
NA16. Approx. Date Work will start
11-1-89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	24#	550	500	Surface
7-7/8	5-1/2	17/15.5#	6500	1500	2500

1. Drill 12-1/4" hole to a depth of 550 feet.
2. Set 8-5/8" casing to 550' and cement same to surface.
3. Test casing and BOP's to 1500 psi prior to drilling out shoe joint.
4. Drill 7-7/8" hole to a depth of 6500', log and evaluate.

Post ID-1
11-3-89
Amend flg.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5-1-90
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 David Magouirk TITLE Drilling/Production Foreman DATE 10-25-89

TYPE OR PRINT NAME David Magouirk

TELEPHONE NO. 915/362-6302

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 30 1989

CONDITIONS OF APPROVAL, IF ANY: