

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

JUN 22 '90

API NO. (assigned by OCD on New Wells)

30-215-26415

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

Malaga 1 Com.

8. Well No.

1

9. Pool name or Wildcat
Malaga (Atoka)

2. Name of Operator

Enron Oil & Gas Company

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

4. Well Location

Unit Letter C : 660 Feet From The north Line and 1680 Feet From The west Line

Section 1 Township 24S Range 28E NMPM Eddy County

10. Proposed Depth

12,200

11. Formation

Atoka

12. Rotary or C.T.

Rotary

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

2956.4' GR

14. Kind & Status Plug. Bond

Blanket-Active

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

When Permitted

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	600'	± 650 sacks	Circulated
12-1/4"	9-5/8"	36#	2,500'	± 1200 sacks	Circulated
8-3/4"	7"	26#	10,500'	± 1000 sacks	6,000'
6-1/8"	4-1/2" Liner	13.5#	12,100'	± 260 sacks	10,200'

BOP - Install at 2500' with 3000# cap and 2450# annular preventor. At 10,500' increase to 10,000# cap with 5000# annular preventor. Will use standard surface controlled BOP installation.

Gas is not dedicated.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/3/91
DATE OF APPROVAL 6/21/90

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

Betty Gildon

TITLE

Regulatory Analyst

DATE

6/21/90

TYPE OR PRINT NAME

Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JUL 3 1990

CONDITIONS OF APPROVAL, IF ANY: