

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

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

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

RECEIVED
AUG 16 1990
O.C.D.
ARTESIA, OFFICE

API NO. (assigned by OCD on New Wells)

30-015-26456

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VB-0358

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 ☐

2. Name of Operator

Pacific Enterprises Oil Co. (USA)

3. Address of Operator

P.O. Box 3083 Midland, Texas 79702

7. Lease Name or Unit Agreement Name

PEOC State 2

8. Well No.

1

9. Pool name or Wildcat

Black River (Morrow)

4. Well Location

Unit Letter B : 660' Feet From The North Line and 1980 Feet From The East Line

Section 2 Township 24 Range 27 NMPM Eddy County

10. Proposed Depth

12,750'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

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

3148.3' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

Sept. 1, 1990

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17.5	13.375	48	550'	725	circ.
12.25	9.625	36	2250'	1600	circ.
8.5	7	23	10500'	450	7000'
6.5	4.5	13.5	2450'	370	liner

See attached BOP sketch

Post ID-2
8-31-90
New Loc & API

APPROVED FOR 180 DAYS
28/28/91
C.D. COUNCIL 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 Jeff Ryan TITLE Operations Engineer DATE 8-14-90

TYPE OR PRINT NAME Jeff Ryan

TELEPHONE NO. 915-684-3861

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 28 1990

CONDITIONS OF APPROVAL, IF ANY: