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
DEC 13 '90
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30 015 26564

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
L-5364

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: AMENDED LOCATION
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Malaga 36 State

2. Name of Operator
Enron Oil & Gas Company ✓

8. Well No.
1

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat
Culebra Bluff, S (Atoka)

4. Well Location
Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line

Section 36 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,100	Atoka	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
2973.6' GR	Blanket-Active	Unknown at present	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	Circulated
12-1/4	9-5/8	36	2,500	1200	Circulated
8-3/4	7	26	10,500	650	7,000'
6-1/8	4-1/2 Liner	13.5 or 15.1	12,100	300	10,200'

BOP-Install at 2500' with 3000# cap & 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 6/20/91
UNLESS DRILLING UNDERWAY

Prt ID-1
12-21-90
Amend Loc.

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 Analsyt DATE 12/12/90

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. (915) 686-3714

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE DEC 18 1990

CONDITIONS OF APPROVAL, IF ANY: