

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

File

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

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

APR 12 1991

API NO. (assigned by OCD on New Wells)

30-015-26214

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 ☐

2. Name of Operator

Sylvite Corporation ✓

3. Address of Operator

6966 S. Utica, Suite 200, Tulsa, OK 74136

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 21 Township 23-S Range 28-E NMPM Eddy County

10. Proposed Depth
6650'

11. Formation
Delaware

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3028.8 GL

14. Kind & Status Plug Bond
OW Plug Surety

15. Drilling Contractor
Grace

16. Approx. Date Work will start
22 April 1991

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	0-490'	300	Surface
7 7/8"	5 1/2"	15.5	0-6650'	1800	Surface

Drill through fresh water zones into salt section with fresh spud mud.

Set 8 5/8" casing @ 490'.

Drill through salt section, Delaware and Bone Springs with Brine mud.

Log well, then run 5 1/2" casing Total Depth @ 6650'.

Part ID-1
4-26-91
New Loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/12/91
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPTEN 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 D. G. Campbell TITLE President DATE April 15, 1991

TYPE OR PRINT NAME D.G. Campbell (918) 494-6031

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 18 1991

CONDITIONS OF APPROVAL, IF ANY:

Journal of Management Studies, 19(1), 67-80.

— *Journal of the American Medical Association*, 1997

1994