

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

26830

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

SEP - 11 1991

API NO. (assigned by OCD on New Wells)
31-015-1222

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM -V-3605

7. Lease Name or Unit Agreement Name
Molly State

8. Well No.
2

9. Pool name or Wildcat
Livingston Ridge (Delaware)

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
Phillips Petroleum Company

3. Address of Operator
4001 Penbrook Street, Odessa, Texas 79762

4. Well Location
Unit Letter F: 1980 Feet From The North Line and 1980 Feet From The West Line
Section 1 Township 22-S Range 31-E NMPM Eddy County

10. Proposed Depth
8700'

11. Formation
Delaware

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3566' (Unprepared)

14. Kind & Status Plug. Bond
Blanket

15. Drilling Contractor
Advise Later

16. Approx. Date Work will start
Upon Approval

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"	54.5#	850'	1200 sx C	Surface
12-1/4"	8-5/8"	24 & 32#	4500'	1200 sx C & Tail 200	sx C Surface
7-7/8"	5-1/2"	15.5 & 17#	8700'	1st stage 400 sx C neat	7000

2nd stage 200 sx C. . . 4000
Tail 300 sx C neat. . . 6000

BOP EQUIPMENT SERIES 900, 3000# WP (see attached schematic)
Mud Program Attached

APPROVAL VALID FOR 120 DAYS
FOR ANY DEPTHS SIMILAR
UNLESS DRILLING UNDERWAY

NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITHHOLD CEMENTING THE
15/20/25/30/35/40/45/50/55/60/65/70/75/80/85/90/95/100

Post ID-1
11-8-91
Amend
API II

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 L. M. Sanders TITLE Supervisor Reg. Propagation DATE 9-5-91
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-1667

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP 11 1991

CONDITIONS OF APPROVAL, IF ANY: