Submit to Ap, opriate District Office State Lease – 6 copies Fee Lease – 5 copies

State of New Mexico Energy, ...nerals and Natural Resources Department

Form C-101 Revised 1-1-89 -lely, w

DISTRICT I P.O. Box 1980, Hobbs, 1	OIL CONSERVATION DIVISION P.O. Box 2088			API NO. (assigned by OCE	on New Wells)
DISTRICT II Santa Fe, New Mexico 87504-20 P.O. Drawer DD, Artesia, NM 88210			87504-2088	5. Indicate Type of Leave	ATE FEE K
DISTRICT III 1000 Rio Brazos Rd., Az	dec, NM 87410			6. State Oil & Gas Lease I	
APPLICA	ATION FOR PERMIT	TO DRILL, DEEPEN, C	OR PLUG BACK		
la. Type of Work:				7. Lease Name or Unit Ag	reement Name
DRI b. Type of Well: OIL GAS WELL X WELL	LL X RE-ENTER OTHER	Hagerman 14			
Name of Operator Sylvite Cor	poration			8. Well No.	F ·
3. Address of Operator 9. Pool nature of Will					
6966 S. Utica, Tulsa, Oklahoma 74136					Maine
4. Well Location Unit Letter	G : // F P Feet F	rom The NORTH		Spiral Both	J Dune
		NORTH	Line and 1650	Feet From The	=1957 Line
Section	14 Towns	hip 23S Rar	nge 27E	NMPM Eddy	County
		10. Proposed Depth			
		10. Pioposed Deput		onmation one Springs	12. Rotary or C.T. Rotary
13. Elevations (Show whether DF, RT, GR, etc.) 14. Kind & Status Plug. Bond OW Plug Surety 15. Drilling Contractor				16. Approx. Date Work will start	
17.	PF	OPOSED CASING AN	AD CEMENT PROGE	2AM	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12½"	8 5/8"	24#	0-550'	300	Surface
7 7/8"	5½"	15.5#	0-6100'	1800	Surface
		<u> </u>		<u> </u>	
Drill throug	h fresh water zo	nes into salt sec	tion with fresh	spud mud.	
	asing @ 550'.			_	2 -4 -5-0 4
	_	Delaware and Bone	Springs with h		est ID-1
Log well.	,		oprings with s	indu.	12-27-91
_		((1001)		n.	whoc + API
kun 3% casi	ng to total depti	n (6100').			
			<u> </u>	PROVAL VALID FOR	180 DAYS
				BMH EXPIRES	
			Ų.	YLESS DRILLI <mark>NG UN</mark>	DERWAY
IN ABOVE SPACE DE 70NE. OIVE BLOWOUT FRE	SCRIBE PROPOSED PROGI VENTER I ROGRAM, IF ANY.	RAM: IF PROPOSALIS TO DELFE	N OR PLUG BACK, GIVE DATA O	N PRESENT PRODUCTIVE 7()NE AN	D PROPOSED NEW PRODUCTIVE
I hereby certify that the info	rmation above is true and complet	e to the best of my knowledge and	belief,		
SIGNATURE	D. D. Cample	éll 111	ır <u>President</u>	DA	12-13-91
TYPE OF PRINT NAME	D. G. Campbell	On		117	ELITONE NO. (918)494-603
(This space for State Use)	ORIGINAL SIGNED E	BY			
AFTROVED BY	SUPERVISOR, DISTR	HICT-II	1 ft	DA	DEC 2 0 1991
CONDITIONS OF AITROVAL	IF ANY:				III