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

## State of New Mexico Energy, Minerals and Natural Resources Department

-Cl	J
	JBLM-
Form	C-101 (ሊነ/)
Revise	C-101 BM

DISTRICT

**OIL CONSERVATION DIVISION** 

Br. WELFELD

P.O. Box 1	980, Hobbs,	NM	88240	
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P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

i.	Indic	ale	Τŷ	Se d	f Ľ			_
			_			STATE XX	FEE	<u> </u>
-	<b>~</b>	~	_	_	_			_

APPLI	CATION FOR PE	RMIT TO DE	RILL, DEEPEN.	OR PLUG BAC	K		
la. Type of Work:		·····				7. Lease Name or Unit A	//////////////////////////////////////
b. Type of Well:	RILL X R	E-ENTER	DEEPEN	PLUG BACK		· · · · · · · · · · · · · · · · · · ·	Siccine Manie
OIL GAS WELL	. OTHER		SINGLE ZONE	MULTER. ZONE		Poker Lake 32	State
2. Name of Operator	• • • •					8. Well No.	
	1 & Gas Comn	any 🗸				8	
3. Address of Operate						9. Pool name or Wildcat	· · · · · · · · · · · · · · · · · · ·
P. O. Bo	x 2267, iiidl	and, Texas	79702		X	Wildcat Delaw	are
4. Well Location Unit Letter	E : 1980	Feet From The	north	Line and	660	Feet From The	west Line
Section	32 777777777777777777777777777777777777	Township	23S Ra	mge 31E	N	impm Eddy	County
			10. Proposed Depth			ormation	
			8050		11. FC	Delaware	12. Rotary or C.T.
13. Elevations (Show w	wither DF, RT, GR. eld	14. Kind	& Status Piug. Bond	15. Drilling Co.			Rotary
3349' GR			et-Active			present	Date Work will start
17. PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CA		HT PER FOOT				
17-1/2						SACKS OF CEMENT	EST. TOP
	13-3/8	3   48	3	700	) i	700	Cinculated
11	13-3/8 8-5/8		1 & 32	700 4150		700 1100	Circulated Circulated

Acreage is dedicated.

APPROVAL VALID FOR 180 PERMIT EXPIRES 2/27/1

	UNLESS DRILLIN	***
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: # PROPOSED PROGRAM: # PROPOSED PROGRAM: # ATY.	OSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTI	VE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of its Signature  Type or print name Betty Gildon	ny knowledge and belief.  Regulatory Analyst  ππ.ε	915/686-3714 TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT		AUG 2 7 1992
APPROVED BY SUFERVISOR, DISTRICT II	TITLE	DATE

NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE