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

OIL CONSERVATION DIVISION

.PI	NO.	assign	ed by (	OCD o	n New	Wells)
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P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088			30-015- 27002					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease ST	TATE S FEE					
DISTRICT III 1000 Rio Brazos Rd., Azte	c, NM 87410		MAY	( -18 199)						
APPLICAT	TON FOR PERMIT T	O DRILL, DEEPEN	N, OR PLUG	BACKO,						
la. Type of Work:			न्धः	S LIFE CE	7. Lease Name or Unit A	greement Name				
DRILI b. Type of Well:	RE-ENTER		PLUG BA	_						
WELL WELL GAS	OTHER	SING ZON		ONE	STATE	14				
2. Name of Operator	POGO PRODUCI	ING COMPANY			8. Well No.					
3. Address of Operator	P. O. BOX 10	0340, MIDLAND	, TEXAS 79	702	<ol> <li>Pool name or Wildcat</li> <li>UNDESIGNATED</li> </ol>	DELAWARE				
Well Location     Unit Letter	: <u>1980</u> Feet Fr	rom The SOUTH	Line	and 660	Feet From The	WEST Line				
Section	14 Towns	hip 25 SOUTH	Range 27 E	AST 1	impm EDDY	County				
		10. Proposed D	////////////////////enth	//////////////////////////////////////	//////////////////////////////////////	12. Rotary or C.T.				
			60001		DELAWARE	ROTARY				
13. Elevations (Show whether 311	er DF, RT, GR, etc.) 1 .3.1' GR	4. Kind & Status Piug. Bo BLANKET		ling Contractor  BE SELE		Date Work will start APPROVAL				
17.	PR	OPOSED CASING	AND CEME	NT PROGF	IAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO		G DEPTH	SACKS OF CEMENT	EST. TOP				
11"	8-5/8"	24#		580'	500	SURFACE				
7-7/8"	5-1/2"	15.5#	<u>, 60</u>	000'	800	SURFACE				
THIS PROPOSED WELL IS A DELAWARE FORMATION TEST. Post ID-1 5-15-92 BOP SKETCH IS ATTACHED.  Men De 4 API										
				:	APPROVAL VALID FO TIS MOTEROURS (LL DRILLING)	OR <u>180</u> DAYS 11/13/92 UNDERWAY				
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 inform	Option above is true and complete	) E1								
SIGNATURE	Mun Tush	ight	mue Drill	ing and	Prod. Supt.	те <u>Мау 8, 1992</u>				
TYPE OR PRINT NAME	Richard L. Wric	<u>iht</u>			915-682-6822 TE	LEPHONE NO.				

(This space for State Use) ORIGINAL SIGNED BY MAY 1 3 1992 MIKE WILLIAMS SUPERVISOR, DISTRICT 19 \_ TTTLE -DATE . APPROVED BY ....

CONDITIONS OF APPROVAL, IF ANY: