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

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

APR 21 1993

API NO. (assigned by OCD on New Wells)	E-4229-4
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	E-4229-4
7. Lease Name or Unit Agreement Name	James Ranch Unit
8. Well No.	16
9. Pool name or Wildcat	Undesignated Bone Spring

APPLICATION FOR PERMIT TO DRILL, DEEPEN, RE-ENTER 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 Enron Oil & Gas Company					
3. Address of Operator P. O. Box 2267, Midland, Texas 79702					
4. Well Location Unit Letter <u>BH</u> : <u>2100</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>east</u> Line Section <u>36</u> Township <u>22S</u> Range <u>30E</u> NMPM <u>Eddy</u> County					
10. Proposed Depth 9400'		11. Formation Bone Spring		12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 3516 GL		14. Kind & Status Plug. Bond Blanket-Active		15. Drilling Contractor	
16. Approx. Date Work will start					
17. PROPOSED CASING AND CEMENT PROGRAM <u>POTASH/AG/111</u>					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	11-3/4 13 1/2		600	600	Circulated
11 1/2	8-5/8	32#	3900	1200	Circulated
7-7/8	5-1/2	15.50#	9400	800	3400'

Acreage is dedicated.

IG-1
6-11-93
M. F. A. E.

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 Betty Gildon TITLE Regulatory Analyst DATE 4/20/93
TYPE OR PRINT NAME Betty Gildon 915/686-3714
TELEPHONE NO.

(This space for State Use)
APPROVED BY Mark Behlitz TITLE GEOLOGIST DATE 6-7-93
CONDITIONS OF APPROVAL, IF ANY:

* RE VOTED ABOVE
NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITHERS CEMENTING THE
13 1/2, 8 1/2, 5 1/2 - CASING

ADDITIONAL WELL FOR 180 DAYS
WELL NO. 122-93
WELL NO. 122-93