

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-191
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

JAN 20 1994

API NO. (assigned by OCD on New Wells)
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐		7. Lease Name or Unit Agreement Name James Ranch Unit			
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐		8. Well No. 16			
2. Name of Operator Enron Oil & Gas Company		9. Pool name or Wildcat Undesignated Bone Spring			
3. Address of Operator P. O. Box 2267, Midland, Texas 79702					
4. Well Location Unit Letter: <u>B H</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.)		14. Kind & Status Plug. Bond Blanket-Active			
15. Drilling Contractor		16. Approx. Date Work will start			
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	42#	600	600	Circulated
12-1/4	8-5/8	32#	3900	1200	Circulated
7-7/8	5-1/2	15.50#	9400	800	3400'

Amended Casing Program

Acreage is dedicated.

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 1/20/93
TYPE OR PRINT NAME Betty Gildon 915/686-3714
TELEPHONE NO.

(This space for State Use)

APPROVED BY Record only TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: