Submit to Appropriate District Office

## State of New Mexico

Form C-101 Revised 1-1-89

State Lease — 6 copies Fee Lease — 5 copies

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

Energy,	Minerals	and	Natural	Resources	Departmen

OIL CONSERVATION DIVISION API NO. (assigned by OCD on New Wells) P.O. Box 2088 ろぐー のバー スフララブ Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, N	NM 88210			5. Indicate Type of	STATE XX FEE			
DISTRICT III 1000 Rio Brazos Rd., Azteo			a Erag <mark>o</mark> ra,	6. State Oil & Ga				
APPLICAT	ION FOR PERMIT							
1a. Type of Work:		, , , , , , , , , , , , , , , , , , , ,		7. Lease Name or	Unit Agreement Name			
DRILL b. Type of Well:	. 🔯 re-enter	DEEPEN	PLUG BACK		· ·			
OIT GYZ	OTHER	SINGLE ZONE	MULTIPLE ZONE	☐ Big Horn	n State			
2. Name of Operator				8. Well No.				
Collins & War	e, Inc.		<del></del>	1	1			
3. Address of Operator					9. Pool name or Wildcat			
303 W. Wall,	Ste. 2200, Mid	land, TX 79701		Happy Vall	ey (Delaware)			
4. Well Location Unit Letter O:								
Section 28 Township 22S Range 26E NMPM Eddy County								
		10. Proposed Depth	5050'	11. Formation Delaware	12. Rotary or C.T. Rotary			
13. Elevations (Show whether	er DF, RT, GR, etc.)	4. Kind & Status Plug. Bond	15. Drilling Contr	actor 16. A	Approx. Date Work will start			
3.7.	1 4. 1	Blanket	-NA-	Up	on Approval			
17. PROPOSED CASING AND CEMENT PROGRAM								
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPT	H SACKS OF CE	MENT EST. TOP			
17.5	13 3/8	48-61	350	400 "C"	Surf.			
11	8 5/8	24	1650	425 PO <sub>3 B</sub>	nix Surf.			
7.875	5 1/2	15.5	5050	400 Lite	Surf.			

cement circulated back to surface. The 5 1/2" production string will be set at 5050' and cement circulated back to surface.

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THE SHEET WILL HAVE THE

		9. ×/1/2
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DIZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	EEPEN OR PLUG BACK, GIVE DATA O	N PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.	
SKONATURE Max Guerry	me Regulatory N	Manager 7-14-93
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Usc)  Mark fally  APPROVED BY	GEOLOGIST	DATE 7-16-93
CONDITIONS OF APPROVAL, IF ANY:		180 DAYS