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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name Smith	
2. Name of Operator Burleson & Huff				9. Well No. 2	
3. Address of Operator Box 2479, Midland, Texas 79702				10. Field and Pool, or Wildcat Langlie-Mattix	
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>330</u> FEET FROM THE <u>south</u> LINE AND <u>990</u> FEET FROM THE <u>east</u> LINE OF SEC. <u>4</u> TWP. <u>25-S</u> RGE. <u>37-E</u> NMPM				12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 3172.2				19. Proposed Depth 3600	
21A. Kind & Status Plug. Bond StateWide				19A. Formation Queen	
21B. Drilling Contractor Capitan Drilling				20. Rotary or C.T. Rotary	
22. Approx. Date Work will start 12-5-77					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10-3/4	8-5/8	24#	1100'	400	circulated
7-3/4	4-1/2	9.5#	3600	250	above base of salt

Will drill well to test the Queen sand section in Langlie-Mattix Field. 8-5/8" surface will be run to the top of the anhydrite and cement will be circulated. 4-1/2" will be run to TD and cemented back over the base of the salt. Pay will be perforated, acidized and fraced. Drill out with Blow Out Preventer Shaeffer 10" series, 800 LWS, 3000# working pressure and 5000# test to a TD of 3600.

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.

Signed _____ Title Co-Owner Date 11-23-77

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 11/27

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 2 1977

CONSERVATION COMM.
HOBBS, N. M.