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

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

OIL	CON	ISER	VA	TION	DIV	ISION
			_			

P.O. Box 2088

API NO. (assigned by OCD on New Wells),	
31-005-003/66	
5. Indicate Type of Lease	— ₩

DISTRICT II P.O. Drawer DD, Artesia, P DISTRICT III 1000 Rio Brazos Rd., Aztes APPLICAT 1a. Type of Work: DRILL b. Type of Well: OIL GAS WELL GAS WELL	NM 88210 C, NM 87410 TON FOR PERMIT T RE-ENTER	O DRILL, DEEPEN, C DEEPEN SINGLE 20NE		5. Indicate To 6. State Oil 8 7. Lease Nam Union	ype of Lease ST/ & Gas Lease N	ATE FEE K	_] Z
2. Name of Operator	<u> </u>			8. Well No.		·	
C. W. Trainer							
3. Address of Operator	<u> </u>		*******	9. Pool name or Wildcat			
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, Wildcat							
4. Well Location		om The South	NM 882 Line and 660	4 1	rom The	West Lin	ne
Section	l Towns	hip 12S Ran	ige 28E	NMPM C	haves	County	
							\mathbb{Z}
		10. Proposed Depth 8260		Formation sissippia		12. Rotary or C.T. Reverse Unit	
13. Elevations (Show whether 367)	er DF, RT, GR, etc.) 1.5 GR	4. Kind & Status Plug. Bond Blanket	15. Drilling Contractor 55 We 11 Se	1	16. Approx. D 12/3	ate Work will start 1/92	
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	48	149	175		Circ.	_
	8 5/8	24	1900	350		550	
<u>, , , , , , , , , , , , , , , , , , , </u>		Above casing	now in hold				

It is proposed to clean out to 8260, run 5 1/2" 15.5# casing to 8150 cement with 250 sacks and perforate 7810 to 7831.

· · · · · · · · · · · · · · · · · · ·	PERMIT	AL VALID FOR 180 DAYS EXPIRES 6-30-93 DRILLING UNDERWAY
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: # PROPOSED PROGRAM: # PROPOSED PROGRAM, # ANY.	SAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PR	ODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of m	y knowledge and belief.	•
SIGNATURE ASERIA Solle-	mme Agent	DATE 12/29/92
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) APPROVED BY Marks hally	me Geologist	DATE 12-30-92
CONDITIONS OF AFFROVAL, IF ANY:		