

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAIL TO:

OCD
P. O. DRAWER DD
ARTESIA, N. M. 88210

O. C. D.
ARTESIA, OFFICE

30-005-61044
Form C-101
Revised 10-1-78

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FILE	1
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LAND OFFICE	1
OPERATOR	1

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.
LG 5572

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Wolf State
2. Name of Operator TRANSWESTERN GAS SUPPLY COMPANY		9. Well No. 1
3. Address of Operator P. O. BOX 2521, ONE HOUSTON CENTER 3740, HOUSTON, TEXAS 77001		10. Field and Pool, or Wildcat Abo W. Idcat
4. Location of Well UNIT LETTER J LOCATED 1980' FEET FROM THE South LINE AND 1980' FEET FROM THE East LINE OF SEC. 16 TWP. 6S RGE. 23E NMPM		12. County Chaves
19. Proposed Depth 4500'		19A. Formation Abo Sands
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 4205 GL	21A. Kind & Status Plug. Bond Blanket-Inforce	21B. Drilling Contractor Tex-Mex Drilling Co.
22. Approx. Date Work will start As soon as possible.		

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	54.5#-48.0 K-55	± 550	± 750 Sks.	Circ.
12-1/4	8-5/8	24.0# K-55	1500-2000 ±	± 950 Sks.	Circ.
7-7/8	4-1/2	10.5# J-55	TD	± 225 Sks.	600' over top of Abo Sands.

13-3/8" Casing 250 Sks. Thixset-Class C containing 8-10#/sk Gilsonite, 1/4#/sk Celoflake, 4% Cacl₂, 400 sks Pozmix containing 4#/sk Gilsonite, 1/4#/sk Celoflake, 4% Cacl₂, and tail in with 100 sks Class C containing 2% Cacl₂, - Total 750 sks.

8-5/8" Casing 350 sks Thixset - Class C containing 8-10#/sk Gilsonite, 1/4#/sk Celoflake, 4% Cacl₂, 500 sks Pozmix w/same additives, and tail in w/100 sks Class C containing 2% Cacl₂ - Total 950 sks.

4-1/2" Casing Approximately 250 sks Pozmix - Class C w/2% gel. 8#/sk salt and 0.4% CFR-2 friction reducer.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 1-28-82
UNLESS DRILLING UNDERWAY

Well to be air drilled.
BOP program - see Exhibit A.
Gas produced 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.

Signed [Signature] Title Manager-U.S. Onshore Production Date July 8, 1981

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUL 28 1981

CONDITIONS OF APPROVAL, IF ANY:

All distances must be from the outer boundaries of the Section.

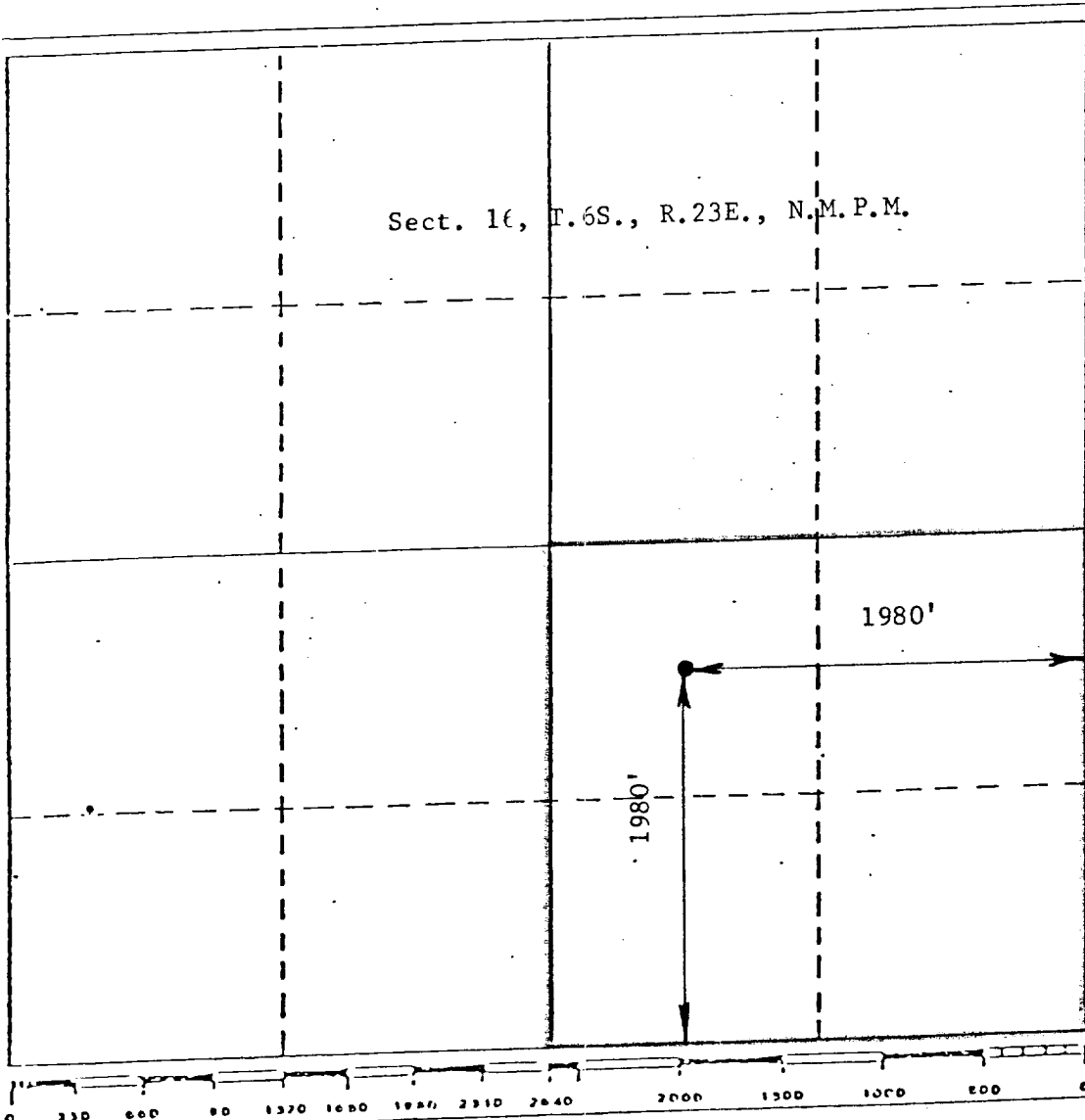
Operator Transwestern Gas Supply Co.			Lease Wolf State		Well No. 1
Unit Letter J	Section 16	Township 6 South	Range 23 East	County Chaves	
Actual Postage Location of Well:					
1980 feet from the South line and		1980 feet from the East line		Dedicated Acreage:	
Ground Level Elev. 4205	Producing Formation Abo Sands	Pool Undesignated Abo Wildcat	160 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **John D. Jaquess**
 Position **Manager, U.S. Onshore Prod.**
 Company **Transwestern Gas Supply Co.**
 Date _____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **June 9, 1981**
 Registered Professional Engineer and/or Land Surveyor
John D. Jaquess
 Certificate No. **6290**

EXHIBIT "A"

B O P PROGRAM

SPACESAVER - B O P and ROTATING HEAD

