

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

State	
Land Office	
B of M	
Operator	

Form C-101
Revised 1-1-89

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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-005-62720

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG-4915

7. Lease Name or Unit Agreement Name

Runyan State Unit

8. Well No.

2

9. Pool name or Wildcat

Wildcat San Andres

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐					
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐					
2. Name of Operator O. C. D. ELK OIL COMPANY ARTESIA, OFFICE					
3. Address of Operator Post Office Box 310, Roswell, New Mexico 88202-0310					
4. Well Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 30 Township 8 South Range 27 East NMPM Chaves County					
10. Proposed Depth 2,200'		11. Formation San Andres		12. Rotary or C.T. Cable Tool	
13. Elevations (Show whether DF, RT, GR, etc.) 3968' Gr.		14. Kind & Status Plug Bond Blanket OK		15. Drilling Contractor Hammond Drilling	
16. Approx. Date Work will start 8/20/89					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 3/4	8 5/8"	24#	Approx. 400'	300 sxs	Circulate
7 7/8	4 1/2"	14#	TD	300 sxs	

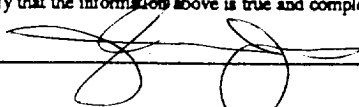
Propose to drill and test the San Andres formation.
Approximately 400' of surface casing will be set and cement
circulated. If commercial, production casing will be run
and cemented, perforated, and stimulated.

MUD PROGRAM: Cable tool operation.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/10/90
UNLESS DRILLING UNDERWAY

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  TITLE President DATE 8/04/89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY DATE AUG 10 1989

CONDITIONS OF APPROVAL, IF ANY: