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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Santa Fe	
M	
Land Office	
B of M	
Operator	

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-005-62720

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG-4915

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

RECEIVED
AUG 07 '89
O. C. D.
ARTESIA, OFFICE

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Runyan State Unit

2. Name of Operator
ELK OIL COMPANY

8. Well No.
2

3. Address of Operator
Post Office Box 310, Roswell, New Mexico 88202-0310

9. Pool name or Wildcat
Wildcat San Andres

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 27East NMPM Chaves County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
2,200'	San Andres	Cable Tool

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3968' Gr.	Blanket NL	Hammond Drilling	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
12¼	8 5/8"	24#	Approx. 400'	300 sxs	Circulate
7 7/8	4½"	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.

POST ID-1
N.L. & A.P.I.
8-11-89

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. Map

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)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE _____ DATE AUG 10 1989

CONDITIONS OF APPROVAL, IF ANY: