

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

RECEIVED  
OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
NOV 27 1989

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

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

O. C. D.  
ARTESIA, OFFICE

API NO. (assigned by OCD on New Wells)

30-005-62244

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

FRANK SR. COM

2. Name of Operator

MYCO INDUSTRIES INC. ✓

8. Well No.

1

3. Address of Operator

207 SOUTH 4th. ARTESIA, NM 88210

9. Pool name or Wildcat

PECOS SLOPE ABO

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 15

Township

5 S

Range

24 E

NMPM

CHAVES

County

10. Proposed Depth

4175

11. Formation

ABO

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3942 GR.

14. Kind & Status Plug. Bond

BLANKET

15. Drilling Contractor

AFT RIG # 2

16. Approx. Date Work will start

1/01/90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14 3/4"	10 3/4"	40.5	850	560	CIRCULATE
7 7/8"	4 1/2"	9.5	4175	350	

WE PROPOSE TO DRILL & TEST THE ABO AND INTERMEDIATE FORMATIONS  
APPROXIMATELY 850' OF SURFACE CASING WILL BE SET AND CEMENT CIRCULATED TO SURFACE  
IF NEEDED (LOST CIRCULATION) 8 5/8" INTERMEDIATE CASING WILL RUN TO 1500' AND CEMENTED  
W/ ENOUGH CEMENT CALCULATED TO TIE BACK INTO THE SURFACE CASING

MUD PROGRAM: FW GEL & LCM TO 850' BRINE TO 3200' BRINE & KCL WATER TO TD

BOP PROGRAM: 10" 900 DOUBLE SHAFFER 3000#

GAS IS NOT DEDICATED

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 5/27/90  
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 W.A. Gressett TITLE CONSULTANT

DATE 11/27/89

TYPE OR PRINT NAME W.A. GRESSETT

TELEPHONE NO. 748-1471

(This space for State Use)

ORIGINAL SIGNED BY  
MINERALS  
SUPERVISOR DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 27 1989