

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

OIL CONSERVATION DIVISION

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

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

FEB -1 '90

API NO. (assigned by OCD on New Wells)

30-005-62763

5. Indicate Type of Lease.

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-7983

7. Lease Name or Unit Agreement Name

Jan State

8. Well No.

1

9. Pool name or Wildcat

Und. Floor Ranch Pre-Permian

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 ☐

2. Name of Operator

ELK OIL COMPANY ✓

3. Address of Operator

Post Office Box 310, Roswell, New Mexico 88202-0310

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 36 Township 8S Range 26E NMPM Chaves County

10. Proposed Depth

6600'

11. Formation

Fusselman

12. Rotary or C.T.

Rotary

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

3931' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

WEK

16. Approx. Date Work will start

February 15, 1990

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8"	24#	1000'	500 sxs	Circualte
7 7/8	5 1/2"	15.5#	6600'	600 sxs	4200

BLOWOUT PREVENTION PROGRAM

See attached

Part ID-1
2-9-90
New Doc &
API

This acreage is dedicated to Transwestern Pipeline Company.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 7/5/90

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

1/31/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

FEB 5 1990

CONDITIONS OF APPROVAL, IF ANY: