

District I
PO Box 1980, Hobbs, NM 88241-198
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-101
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUG BACK, OR ADD A ZONE

Operator Name and Address: Hanson Operating Company P.O. Box 1515 Roswell, New Mexico 88202-1515		OGRID Number 9974
Property Code 004992	Property Name McBride State Com	APL Number 90-05-62744
		Well No. #2

Surface Location									
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
B	28	10S	27E		660	FNL	2220	FEL	Chaves

Proposed Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
Proposed Pool 1 Diablo Fusselman					Proposed Pool 2				

Work Type Code P	Well Type Code O	Cable/Rotary Rotary	Lease Type Code State	Grossed Level Elevation 3813GR
Multiple	Proposed Depth	Formation	Contractor United	Spd Date 3-1-90

Proposed Casing and Cement Program					
Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
18"	14"		31	to surface	
12 1/4"	9 5/8"	#36	1000	Cir. to surface	
8 3/4"	7"	#23	6340	1200 sxs 2nd stage	

Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

It is proposed to plug the existing perforations with a cast iron bridge plug, set at 6236 and put 35' cement on top of plug. Test casing to 400 psi* perf. 2557-2561 with 1 shot per ft. Set RBP at 2625, packer at 2500. Treat with 500 gals. HCL and test, retreat as conditions.

* IF PRESSURE TEST OK

I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Betsy Speer</i>		OIL CONSERVATION DIVISION	
Printed name: Betsy Speer		Approved by: ORIGINAL SIGNED BY TIM W. GUM	
Title: Production Analyst		Title: DISTRICT II SUPERVISOR	
Date: 10-17-97		Approval Date: OCT 29 1997	Expiration Date:
Phone: 622-7330		Conditions of Approval: Attached ☐	