

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

State of New Mexico
Ene Minerals and Natural Resources Department

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

MAR 25 1992

O. C. D.

API NO. (assigned by OCD on New Wells)

30-005-62891

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 ☐

2. Name of Operator

Marsh Operating Company

3. Address of Operator

P.O. Box 460, Dallas, TX 75221

7. Lease Name or Unit Agreement Name

Hagler 23

8. Well No.

1

9. Pool name or Wildcat

S. Pecos Slope South

4. Well Location

Unit Letter K : 1650' Feet From The west Line and 1650' Feet From The south Line

Section 23

Township

7 South Range 26 East

NMPM

Chaves

County

10. Proposed Depth

4,900'

11. Formation

ABO

12. Rotary or C.T.

Rotary

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

3816' GL

14. Kind & Status Plug Bond

Nationwide

15. Drilling Contractor

United-Roswell

16. Approx. Date Work will start

April 7, 1992

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"	24.0 K-55	± 900'	+ 650	TO Surface
7 7/8"	4 1/2"	10.5 K-55	TD	+ 300	Sufficient
					to cover ABO

Marsh Operating proposes to drill and test the Abo Formation. Approximately 900' of surface casing will be set and cemented to surface. If commercial, 4 1/2" production casing will be run and cemented with adequate cover. The Well will be perforated and stimulated as needed for production.

Part ID-1
3-27-92
New Line & API

APPROVED BY 180
DATE 3/26/92

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

[Signature]

TITLE

Agent

DATE

3-23-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

APPROVED BY

TITLE

DATE

MAR 26 1992

CONDITIONS OF APPROVAL, IF ANY: