

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

154  
up

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Presler Lake

8. Well No.

#3

9. Pool name or Wildcat

Many Gates San Andres

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

Hanson Operating Company, Inc.

3. Address of Operator

Post Office Box 1515, Roswell, New Mexico 88202-1515

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 12 Township 9S Range 29E NMPM CHaves County

10. Proposed Depth

3300'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

4055'

14. Kind & Status Plug Bond

Statewide

15. Drilling Contractor

16. Approx. Date Work will start

9-21-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.5#	350'	300sx	surface
12-1/2"	8-5/8"	24#	900'	375sx	
7-7/8"	5-1/2"	15.5#	3300'	200SX	

It is proposed to drill the above captioned well w/Rotary tool to a depth of 3300' and set 5 1/2" csg to surface. If commercial production is indicated, the well will be perf & Stimulated as necessary.

BLOW-OUT PREVENTION : 10" 900 DOUBLE SHAFFER 3000# WILL BE USED

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

*Lisa L. Jennings*

TITLE Production Analyst

DATE 9-16-92

TYPE OR PRINT NAME

Lisa L. Jennings

TELEPHONE NO. 622-7330

(This space for State Use)

ORIGINAL SIGNED BY

WILLIAM JAMES

MANAGER DISTRICT I

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 28 1992