

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

State of New Mexico
Encl. Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

ch
BLM
OP

OIL CONSERVATION DIVISION

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

RECEIVED

NOV 19 1992

O. C. D.

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)

30-005-62929

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Cactus Com.

8. Well No.

2

9. Pool name or Wildcat

W. Pecos Slope Abo

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

McKay Oil Corporation

3. Address of Operator

P.O. Box 2014, Roswell, NM 88202

4. Well Location

Unit Letter B : 660' Feet From The north Line and 1650' Feet From The east Line

Section 34 Township 6S Range 22E NMPM Chaves County

10. Proposed Depth

3,400'

11. Formation

Abo

12. Rotary or C.T.

Rotary

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

4167' GR

14. Kind & Status Plug. Bond

Statewide

15. Drilling Contractor

United

16. Approx. Date Work will start

11-26-92

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 J-55	900+	850+	surface
7 7/8"	4 1/2"	10.5 J-55	TD	1200+	1500' to 800'

We propose 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, perforated and stimulated as needed for production.

Post ID-1
11-27-92
New Log & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 6-19-93
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 [Signature] TITLE Agent DATE 11-16-92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 19 1992