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

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

State of New Mexico
nergy, Minerals and Natural Resources Departm

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells) 30-023-26011

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. LG-6578-2.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [XX] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Ramsey #25 State ~~Well~~.

2. Name of Operator: Arthur B. Ramsey.

8. Well No. #2.

3. Address of Operator: P.O.Box 11369. Albuquerque, New Mexico 87192

9. Pool name or Wildcat: Wildcat . Mojado ~~& U-Bar~~.

4. Well Location
Unit Letter P : 380 Feet From The South Line and 330 Feet From The EAST Line

Section 25. Township 27-South Range 17-West. NMPM Hidalgo County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3,000 feet.	Mojado & U-Bar.	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
~~4,528~~' Ground Level.	1-Well Plug Bond	VI-ROI Drilling Co.	

17. 4513

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#	600 Ft.	Circulate to surface.	
7-7/8"	5-½"	15.5#	3,000 Ft.	500' above producing formation.	

H-154. "Playas Valley Unit" No.R-8873. OCD.
OCD Form C-102 attached.
RPC letter of 6/20/90 attached.

RECEIVED
JUN - 7 '90
ARTESIA, OFFICE

Post ID-1
6-29-90
Nmdoc & API

180 DAYS
12/29/90
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 Arthur B. Ramsey TITLE Operator. DATE June 20,1990.

TYPE OR PRINT NAME Arthur B. Ramsey. TELEPHONE NO. 505. 299-6048.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JUN 26 1990

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY NMOCD 24 HRS PRIOR TO CASING & CEMENT