

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

OIL CONSERVATION DIVISION

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

NOV 19 '90

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)

30-015-23421

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 ☐

7. Lease Name or Unit Agreement Name

Villa B

2. Name of Operator

OXY USA Inc. ✓

8. Well No.

1

3. Address of Operator

P.O. Box 50250 Midland, TX. 79710

9. Pool name or Wildcat

North Loving Morrow

4. Well Location

Unit Letter B : 990 Feet From The North Line and 1980 Feet From The East Line

Section 8 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth

12550'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

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

3011.9'

14. Kind & Status Plug Bond

Required/Approved

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

After permit approval

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"	48#	399'	420	Surface
12-1/4"	9-5/8"	36-40#	2465'	2310	Surface
7-7/8"	7"	23-26-29#	10987'	1900	Surface
6-1/8"	4-1/2"	13.5#	12550'	250	Top of Liner

TD-11706'. It is proposed to deepen this well to a TD of 12550' and test the Morrow formation. A 4-1/2" liner will be set from 10600' to 12550'. The Blowout Prevention program will be as follows:

11700'-12550'

10" 5000# WP Blind and pipe rams  
3000# WP annular preventor and  
rotating head

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 5/20/91

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 BLOW OUT 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 Region Operations Manager DATE 11/15/90

TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 23 1990

CONDITIONS OF APPROVAL, IF ANY: