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
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-22585

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

6. State Oil & Gas Lease No. K-3430

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: State 8

2. Name of Operator: Petroleum Production Management, Inc.

8. Well No.: 1

3. Address of Operator: Suite 200/Sutton Place Bldg. Wichita, Kansas 67202

9. Pool name or Wildcat: Undesignated

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 8 Township 10-S Range 34-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
9200'	Wolfcamp	Well Ser. Unit

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
4243 DF & 4233 GR	Statewide	-----	On 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#	398	435	Surface
11"	8 5/8"	32# & 24#	4155	800	1000'
7 7/8"	5 1/2"	17# & 20#	9965	1000	3428'

1. Set retrievable bridge plug at 9200'.
2. Perforate 5 1/2" casing in Wolfcamp from 9000' to 9025'.
3. Swab and test.
4. Acidize if necessary.

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 W.M. Groesbeck TITLE District Engineer DATE 3-6-89

TYPE OR PRINT NAME W.M. Groesbeck TELEPHONE NO. 505 675-2478

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAR 8 1989

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From ~~Approval~~ Date Unless ~~Drilling~~ Underway.
workover