

30-025-28770

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
V - 983

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		State	
Petrus Operating Company, Inc.		9. Well No.	
3. Address of Operator		1	
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241		10. Field and Pool, or Wildcat	
4. Location of Well UNIT LETTER <u>I</u> LOCATED <u>1980</u> DIST FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>34</u> TWP. <u>11S</u> RGE. <u>33E</u> NMPM		Bagley Siluro Devonian	
		12. County	
		Lea	
		19. Proposed Depth	
		11,000	
		19A. Formation	
		Devonian	
		20. Rotary or C.T.	
		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21B. Drilling Contractor	
4245.5 GR		Unknown	
21A. Kind & Status Plug. Bond		22. Approx. Date Work will start	
One well-Approved		When Approved	

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#	400	420	Surface
11"	8 5/8	32 #	3800	1100	Surface
7 7/8"	5 1/2	17#	11000	400	9000'

Completion to be conventional perforation & treatment.

Sketch of type blowout preventer attached.

Approval is dependent upon Hearing for unorthodox location and non-standard proration unit.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/10/85
UNLESS DRILLING UNDERWAY

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.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Dennis Walker Title _____ Agent _____ Date 6/14/84

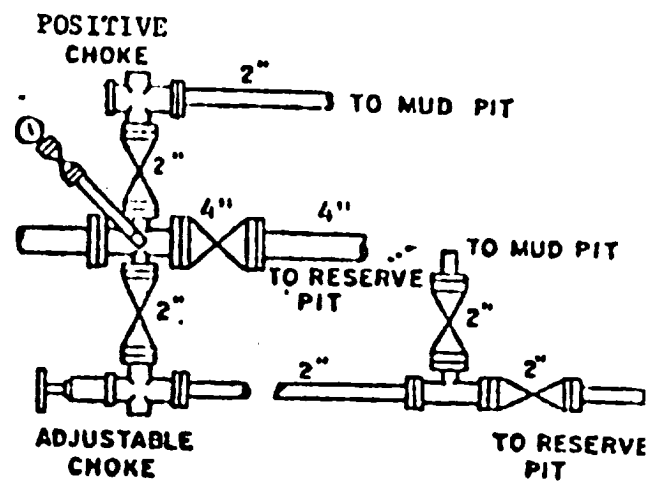
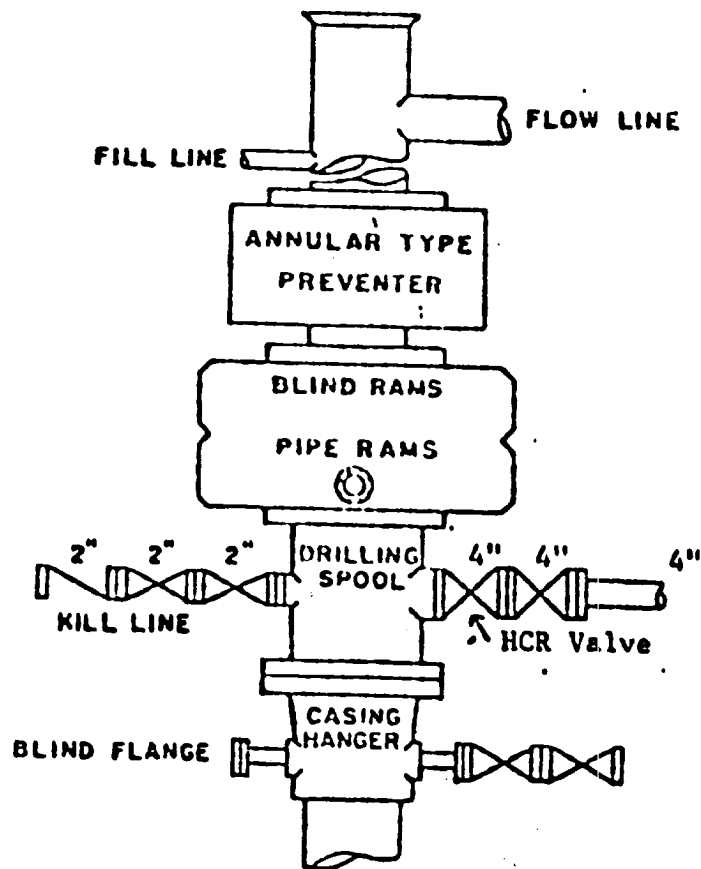
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ORIGINAL SIGNED BY SECRETARY

APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE AUG 10 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 14 1984
J.C.D.
HARRIS OFFICE



RECEIVED
JUN 14 1984
G.C.D.
HORBS OFFICE