

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

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)

30-025-31071

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 ☐

Water Injection

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

State BN

2. Name of Operator

OXY USA Inc.

8. Well No.

5

3. Address of Operator

P.O. Box 50250 Midland, TX. 79710

9. Pool name or Wildcat

Mescalero - San Andres

4. Well Location

Unit Letter K : 1410 Feet From The South Line and 1405 Feet From The West Line

Section 14 Township 10S Range 32E NMPM Lea County

10. Proposed Depth

4500'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

4331.3'

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
12-1/4"	8-5/8"	24#	400'	350	Surface
7-7/8"	5-1/2"	15.5#	4500'	350	3000'

It is proposed to drill this well to a TD of 4500' as a San Andres water injection well. Please refer to Order No. R-9353 (copy is attached). The Blowout Prevention program is as follows:

0-400'

400'-4500'

None

3000# WP pipe and blind rams

3000# WP annular preventor and

choke manifold

Permit Expires 6 Months From Approval
Saltwater 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

F.A. Vitrano

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)

APPROVED BY

TITLE Consent on the casing must be

CONDITIONS OF APPROVAL, IF ANY:

brought from the top of the salt or
hydrate to the surface casing by
either circulating with cement or a
LV tool at the top of the salt.