

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

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

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

API NO. (assigned by OCD on New Wells)

30041-00266

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 8803

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 ☐

Test the San Andres

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

PENRITH STATE

8. Well No.

2

9. Pool name or Wildcat

Wildcat

2. Name of Operator

Strata Production Company

3. Address of Operator

648 Petroleum Building, Roswell, N.M. 88201

4. Well Location

Unit Letter M : 660 Feet From The south Line and 660 Feet From The west Line

Section 16

Township 7S

Range 37E

NMPM

Roosevelt

County

10. Proposed Depth

4600

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

4065 g.l.

14. Kind & Status Plug. Bond

15. Drilling Contractor

Sundown

16. Approx. Date Work will start

2/25/91

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" *	10 3/4"		370	375	Circ.
10" *	7 "		3061	480	Circ.
6 1/4"	4 1/2"	11.6#	2961' -4750'	200	3600'

\* 10 3/4" and 7" casing are already in well

Strata production Company proposes to run a 4 1/2" liner with top at 2961' and bottom at 4750' cemented with 200 sacks of cement.

Strata then proposes to test the P1 and P2 zones of the San Andres formation.

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

James E. McClelland

TITLE

Vice President

DATE

2-22-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: