

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)

30-025-05045

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

WINGERD

2. Name of Operator

FINA OIL & CHEMICAL COMPANY

8. Well No.

12

3. Address of Operator

P. O. Box 2990, Midland, Texas 79702

9. Pool name or Wildcat

Gladiola Wolfcamp

4. Well Location

Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East Line

Section 24 Township 12-S Range 37-E NMPM Lea County

10. Proposed Depth

10,702'

11. Formation

Cisco/Wolfcamp

12. Rotary or C.T.

Rotary

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

3887' RT

14. Kind & Status Plug. Bond

\$50,000 Blanket/Active N/A

15. Drilling Contractor

N/A

16. Approx. Date Work will start

01/07/91

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	36	300	275	Surf
12 1/4	8 5/8	28, 32	4500	540	1961
7 7/8	5 1/2	17, 20	11,987	600	8113 Calc

Present productive zone: Devonian 11,865'-11,900' - Last test: 21 BOPD + 125 BWPD

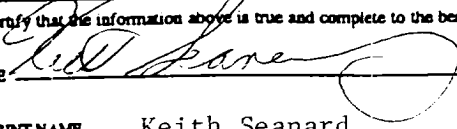
Proposed work: Plug back and test Cisco 10,662'-10,702' - Est.: 145 BOPD

If Cisco is unproductive, plug back to the
Wolfcamp and test
9810'-9820'
9770'-9780'
9628'-9636'
9507'-9529'

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



TITLE Staff Prod Engr

DATE 12/31/90

TYPE OR PRINT NAME

Keith Seanard

(915) 688-0676
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 09 1991

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