

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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)

30-025-30855

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

Howard Fleet

2. Name of Operator

American Exploration Company

8. Well No.

5

3. Address of Operator

2100 NCNB Center, Houston, Texas 77002

9. Pool name or Wildcat

King
Wolfcamp

4. Well Location

Unit Letter

I

: 2250

Feet From The

South

Line and

600

Feet From The

East

Line

Section 35

Township 13S

Range 37E

NMPM

Lea

County

10. Proposed Depth

11,000

11. Formation

Wolfcamp

12. Rotary or C.T.

Rotary

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

3843.5

14. Kind & Status Plug. Bond

Bond

15. Drilling Contractor

To be determined

16. Approx. Date Work will start

4/90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13-3/8	48#	400'		Surface
11"	8-5/8	24#	4700'		Intermediate
7-7/8"	5-1/2	17#	11,000'		Production

Permit Expires 6 Months From Approval
Date Unless 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

Marty B. McClanahan

TITLE

Sr. Production Analyst

DATE 3/28/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 5 1990