Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

AMENDED

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-31679

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-2064

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: South Four Lakes Unit

2. Name of Operator: Phillips Petroleum Company

8. Well No. 11

3. Address of Operator: 4001 Penbrook St., Odessa, TX 79762

9. Pool name or Wildcat: Four Lakes (Pennsylvanian)

4. Well Location
Unit Letter F : 2200 Feet From The North Line and 2150 Feet From The West Line

Section 2 Township 12S Range 34E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10,600'	Pennsylvanian	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
GL 4149.4' (unprepared)	Blanket	advise later	upon approval

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"	48#	400'	700	Surface
12-1/4"	8-5/8"	24# & 32#	4200'	1350	Surface
7-7/8"	5-1/2"	15.5# & 17#	10600'	400 1st stage	8500'
				650 2nd stage	3700'

Change well from #12 to #11

Mud program & BOP schematic attached.

Unorthodox location set for hearing 8/6/92.

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 [signature] TITLE Supervisor, Reg. Affairs DATE 9/1/92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE NOV 12 '92

CONDITIONS OF APPROVAL, IF ANY:

R-9755 NSL

Permit Expires 6 Months From Approval Date Unless Drilling Underway.