

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)
30-025-31687
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-2064

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐		7. Lease Name or Unit Agreement Name South Four Lakes unit
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐		
2. Name of Operator Phillips Petroleum Company		8. Well No. 10
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762		9. Pool name or Wildcat Four Lakes (Pennsylvanian)
4. Well Location Unit Letter <u>J</u> <u>BNE</u> <u>2200</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>12S</u> Range <u>34E</u> NMPM <u>Lea</u> County		

10. Proposed Depth 10,600'		11. Formation Pennsylvanian	12. Rotary or C.T. Rotary		
13. Elevations (Show whether DF, RT, GR, etc.) GL 4147.1' (unprepared)	14. Kind & Status Plug. Bond Blanket	15. Drilling Contractor advise later	16. Approx. Date Work will start 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 650 2nd stage	8500' 3700'

Mud program & BOP schematic attached.

*Bottom hole location - surface location - 2050' FSL & 1980' FEL.
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 8/4/92
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 12 '92

CONDITIONS OF APPROVAL, IF ANY:

R-9755 Directionally Drilled

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

RECEIVED

AUG 1 1992

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