

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)

30-025-31761

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-3860

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 ☐

2. Name of Operator

North Central Oil Corporation

3. Address of Operator

6001 Savoy, Suite 600 Houston, Texas 77036-3381

7. Lease Name or Unit Agreement Name

State 14

8. Well No.

1

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter K : 1981 Feet From The south Line and 2319 Feet From The west Line

Section 14

Township 13S

Range

32E NMPM

Lea County

10. Proposed Depth
12,900

11. Formation
Devonian

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
4310 GR

14. Kind & Status Plug. Bond
One well-approved

15. Drilling Contractor
Peterson Drilling

16. Approx. Date Work will start
11/1/92

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	54.50	400	420	Surface
12-1/4	8-5/8	32.00	4000	1570	Surface
7-7/8	5-1/2	17 & 20	12900	360	10900

Drill and complete to 12,900' or depth sufficient to test the Devonian formation.

See attached description for casing and cementing recommendation and BOP program.

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 Sharon Schneider TITLE Engineering Technician DATE 10/20/92

TYPE OR PRINT NAME Sharon Schneider (713)974-4600 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Rauts
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

OCT 22 '92