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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Lambirth
2. Name of Operator Enserch Exploration, Inc.		9. Well No. 2
3. Address of Operator 7701 N. Stemmons Freeway, Suite 800, Dallas, Texas 75247		10. Field and Pool, or Wildcat Wildcat
4. Location of Well UNIT LETTER N LOCATED 300 FEET FROM THE South LINE 2150 West 31 5S 33E AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Roosevelt
19. Proposed Depth 8,000'		20. Rotary or C.T. Rotary
21. Elevation (Show whether DF, RT, etc.) 4426.5'		22. Approx. Date Work will start 3/12/78
21B. Drilling Contractor Ard Drilling Company		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24 & 32	3492'	2130	Surface
7-7/8"	4-1/2"	11.6	8000'	500	6000'

NOTE: Permit to drill was issued March 7, 1978; however, due to being in the incorrect surface location, this application is being submitted to correct the surface location and to change the well No. from the Lambirth No. 1 to the Lambirth No. 2 well.

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.

Signed *J. K. Kinder* Title **Drilling Superintendent** Date **April 4, 1978**

(This space for State Use)

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT** DATE _____

CONDITIONS OF APPROVAL, IF ANY: