

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

30-041-20846

API NO. (assigned by OCD on New Wells)

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

MORRISON

2. Name of Operator

MARSHALL PIPE & SUPPLY COMPANY

3. Address of Operator

13423 Forestway Dr.,
Dallas, Texas 75240

8. Well No.

1

9. Pool name or Wildcat

Tule-Pennsylvanian, and
Tule-Montoya

4. Well Location

Unit Letter

A

: 750

Feet From The North

Line and 990

Feet From The East

Line

Section

22

Township

2 South

Range

29 East

NMMP

Roosevelt

County

10. Proposed Depth
7500

11. Formation
PreCambrian

12. Rotary or C.T.
Rotary

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

4342 GL

14. Kind & Status Plug. Bond

Statewide

15. Drilling Contractor

Jack Houston Drlg

16. Approx. Date Work will start

September 1, 1989

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#	300	circulate	ground leve
11"	8-5/8"	24#	2150	circulate	ground leve
7-7/8"	5-1/2"	17#	7300	250 sacks	6100 '

A 7-7/8" hole will be drilled below casing to granite at an expected depth of 7500'. If shows of oil and/or gas are present we will evaluate them by drill stem tests or by running casing.

Blow Out Preventer will be utilized below 2300'.

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 J. W. Marshall TITLE Partner/Operator DATE 7-31-89

TYPE OR PRINT NAME J. W. Marshall TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 14 1989

CONDITIONS OF APPROVAL, IF ANY:

78 L 2682

100-444

RECEIVED

AUG 7 1989

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HONOLULU OFFICE