

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work

2. Type of Well

DRILL ☐ Re-enter

DEEPEN ☐

PLUG BACK ☐

OIL WELL ☒

GAS WELL ☐

OTHER

SINGLE ZONE ☒

MULTIPLE ZONE ☐

Name of Operator

J. M. Huber Corporation

Address of Operator

c/o Oil Reports & Gas Services, Inc., P.O. Box 763, Hobbs, NM 88240

Location of Well

UNIT LETTER L

LOCATED 1980

FEET FROM THE

South

LINE

10 560

FEET FROM THE West

LINE OF SEC. 7

TWP. 15S

RCE. 35E

NMPM

7. Unit Agreement Name

8. Farm or Lease Name

Cabot State Q State

9. Well No.

1

10. Field and Pool, or Wildcat

Morton Wolfcamp

12. County

Lea

19. Proposed Depth

10,400

19A. Formation

Wolfcamp

20. History or C.T.

Rev. Unit

21. Elevations (Show whether DF, RT, etc.)

4041 GL

21A. Kind & Status Plug. Bond

Blanket

21B. Drilling Contractor

Permian Basin Casing Pullers

22. Approx. Date Work will start

9/14/81

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#	363	350	Circ
12 1/2	9 5/8	36# & 40#	4630	2500	100
8 3/4	5 1/2	17# & 20#	6200 to 12145	850	8750

Above Casing Now in Hole

It is proposed to drill out plugs to top of 5 1/2" casing stub at 6200' & run 5 1/2" 14# & 15.5# casing with Bowen casing bowl & tie into casing stub.

Originally drilled by McAlester Fuel Co. as the State EL #1, P & A 9/28/56. Re-entered by Cabot Corp. as the New Mexico State Q #1, produced 21,719 bbls Oil prior to plugging in June 1970.

Blowout preventors to be adequate for this depth and area.

Acreage is not covered by an existing gas contract.

ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION 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 Dennis Hales Title Agent Date 9/11/81

(This space for State Use)

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NE EXICO OIL CONSERVATION COMMISSIC
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

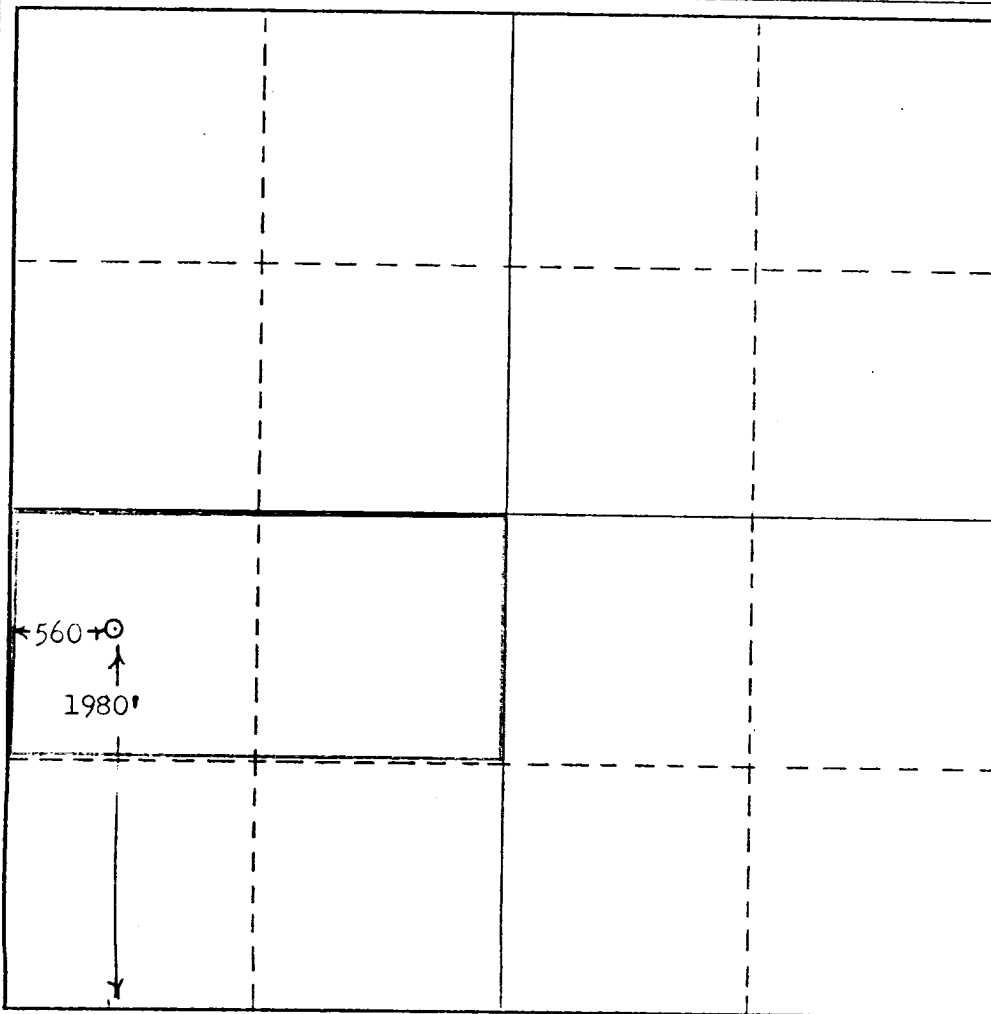
Operator J. M. Huber Corporation			Lease Cabot State Q State		Well No. 1
Unit Letter L	Section 7	Township 15S	Range 35E	County Lea	
Actual Footage Location of Well: 1980 feet from the South line and 560 feet from the West line					
Ground Level Elev. 4041	Producing Formation Wolfcamp		Pool Morton Wolfcamp		Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Donna Hollis
Position
Agent
Company
J. M. Huber Corporation
Date
September 11, 1981

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.