Submit to Appropriate District Office State Lease - 6 copies

## State of New Mexico

Form C-101

TELEPHONE NO.

DATE

SEP 29 1993

Energy, Minerals and Natural Resources Department Revised 1-1-89 Fee Lease - 5 copies OIL CONSERVATION DIVISION API NO. (assigned by OCD on New Wells) **DISTRICT I** P.O. Box 2088 P.O. Box 1980, Hobbs, NM 88240 30-025-05R5 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 NM 623 B APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK la. Type of Work: 7. Lease Name or Unit Agreement Name Horizontal DRILL | RE-ENTER DEEPEN PLUG BACK X b. Type of Well: MULTIPLE ZONE WELL X WELL T.D. Pope 2. Name of Operator 8. Well No. Collins & Ware, Inc. 21 3. Address of Operator 9. Pool name or Wildcat 303 W.Wall, Ste. 2200, Midland, TX 79701 Denton Devonian 4. Well Location Unit Letter \_660 Feet From The East Feet From The North Line and 660 Line 35 14S Section Township 37E **NMPM** County 10. Proposed Depth 11. Formation 12. Rotary or C.T. 12860 Devonian Rotary 13. Elevations (Show whether DF, RT, GR, etc.) 14. Kind & Status Plug. Bond 15. Drilling Contractor 16. Approx. Date Work will start 3815 DF Blanket Bond Pending <u>Upon approval</u> PROPOSED CASING AND CEMENT PROGRAM... SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF CEMENT EST. TOP 17 1/4" 13 3/8" 48 425 550:circ/surf 11" 8 5/8" 32 2831 " 4821 7/8" 8034 17 12635 1350 " PROPOSED HORIZONTAL DRILLING PROGRAM: Build location and reserve pit. MI well service unit and equipment package. Squeeze perfs: 12060-12117'; mill 50' section(12028-12078). Set cement plug @ 11900-12180'; dress cement plug to 12058'. Build 90.0 degree; 12058-12120. Squeeze curve; Injectrol G. Drill lateral @ 90.0 degrees; 12120-12860'. 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. DATE 9-7-93 Max Guerry me Regulatory Mer. SKINATURE A

TITLE

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

TYPE OR PRINT NAME

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

Sec. Steel Rose Long Land

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