Submit to Appropriate District Office State Lease - 6 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

Fee Lease - 5 copies

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISIO	ION	DIVISI	ΝI	MOIT	VA	NSER	CO	OIL
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P.O. Box 2088 Santa Fe, New Mexico 87504-2088 API NO. (assigned by OCD on New Wells) 5. Indicate Type of Lease

FEE X

					31	712 U	FEE [
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					& Gas Lease 1	No.	
APPLICAT	///////						
la Type of Work: Horizontal					me or Unit Ag	reement Name	:
DRILI b. Type of Well:	L RE-ENTE	R DEEPEN	PLUG BACK X				
OIL X GAS WELL [OTHER	SINGLE ZONE	MULTIPLE ZONE	TD.Pope	9		
2. Name of Operator				8. Well No.			
Collins & W	6						
3. Address of Operator	9. Pool nam	e or Wildcat					
303 W. Wall	, Ste. 2200,	Denton	Dozzoni	an			
4. Well Location Unit Letter D: 660 Feet From The North Line and 330 Feet From The West						Line	
Section 36 Township 145 Range 37E NMPM Lea County							County
		10. Proposed Depth	11. F	ormation		12. Rotary or	C.T.
		///// 12750	1	vonian		Rotar	ν
13. Elevations (Show whether	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	1			
3815 DF		Blanket bond	pending		upon approval		1
17.	PI	ROPOSED CASING AN	ID CEMENT PROGR	RAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST.	TOP
17_1/2"	13.3/8"	48	303	350: circ/surf			
11	9 5/8	36-40	4771	2063	re/sur	T	
8 3/4	7	35	12/1/	600			

PROPOSED HORIZONTAL DRILLING PLAN

Build location and reserve pit. MI well service unit and equipment package. Squeeze perfs: Mill 50' section: 12107-12157'. Set cement plug: 11900-12175'. Dress cement plug to 12037! Build 90.0 degree: 12037-12099'. Squeeze curve Injectrol G. Drill lateral @ 90.0 degrees: 12099- 12750.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE MAX Guerry TITLE Rec	gulatory Mgr. DATE 9-7- 93
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	0 0 4000
APPROVED BY DISTRICT I SUPERVISOR TITLE	