

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBS OFFICE O.C.C.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
CIMA CAPITAN, INC. (N.S.L.)

3. ADDRESS OF OPERATOR
Box 1343, ARTESIA, NEW MEXICO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface
990' FN & 990' FW
At proposed prod. zone
SAME

5. LEASE DESIGNATION AND SERIAL NO.
11-01-11-0063867

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HARRISON

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
MALJAMAR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 3, T17S, R32E

12. COUNTY OR PARISH
LEA

13. STATE
N. M.

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
1 MILE NE MALJAMAR, N. M.

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
990'

16. NO. OF ACRES IN LEASE
160

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
990'

19. PROPOSED DEPTH
4400

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
4294 GR

22. APPROX. DATE WORK WILL START*
1 DEC 66

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11"	8 5/8"	24#	350	200 CIRC
7 7/8"	5 1/2"	14#	4400	300

Propose To Drill To 4400' To Test GRAYBURG-SAN ANTONES FORMATION. RUN LOGS AND PERFORATE POROUS ZONES. TO SAND FRAC EACH ZONE W/ APPROX. 10000# SAND & 10000 GAK. REFINED OIL OR WATER.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED R. O. Pate TITLE ENGINEER DATE 28 Nov 66

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side