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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
A-1320	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name New Mexico CX State	
2. Name of Operator Exxon Corporation		9. Well No. 1	
3. Address of Operator P. O. Box 1600, Midland, Texas 79702		10. Field and Pool, or Wildcat Undesignated	
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>1980</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE OF SEC. <u>33</u> TWP. <u>16S</u> RGE. <u>35E</u> NMPM		12. County Lea	
19. Proposed Depth 13,250'		19A. Formation Atoka and Morrow	
21A. Kind & Status Plug. Bond Blanket		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.)		22. Approx. Date Work will start March 1, 1980	
21B. Drilling Contractor Unknown			

23. 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	61#	450	475	Surface
12 1/4	8 5/8	32#	5000	1350	Surface
7 7/8	5 1/2	17 & 20#	13250	725	9000'

Cementing to be done by pump and plug method

Mud Program:

- 0 - 450' - Uncontrolled spud mud
  - 450' - 5000' - BW 10 ppg
  - 5000' - 11000' - BW 10 ppg
  - 11000' - 13100' BWM 10 - 10.5 ppg
- BOP Specifications and diagrammatic sketches are attached  
Gas is not dedicated to a purchaser.

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.

Signed Debra Kripling Title Proration Specialist Date February 12, 1980

(This space for State Use)

SUPERVISOR DISTRICT

FEB 18 1980

APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: