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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

30-025-26740

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Gann	
2. Name of Operator Moran Exploration, Inc.		9. Well No. 2	
3. Address of Operator 400 Wilco Building, Midland, Texas 79701		10. Field and Pool, or Wildcat Caudill-Devonian	
4. Location of Well UNIT LETTER <u>D E</u> LOCATED <u>2310</u> FEET FROM THE <u>North</u> LINE ANT <u>990</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>9</u> TWP. <u>15-S</u> RGE. <u>36E</u> NMPM		12. County Lea	
19. Proposed Depth 13,715		19A. Formation Devonian	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) GL 3922.1	
21A. Kind & Status Plug. Bond Blanket-Current		21B. Drilling Contractor Not determined	
22. Approx. Date Work will start March 31, 1980		23.	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	13 3/8"	48#	400	400	Surface
12¼"	8 5/8"	24# & 32#	4700	300	3600
7 7/8"	5 ½"	17#	13800	800	10000

1. Drill 17½' hole to 400' (Through fresh water zones) cement 13 3/8 Csg. (Circulate)
2. Test Csg. to 1000 psi for 30 minutes.
3. Drill 12¼" hole to 4700' cement 8 5/8" casing and test to 1500 psi for 30 minutes. Cement to be circulated to surface.
4. Drill 7 7/8" hole to 13800' run and cement 5½" casing with sufficient cement to fill annulus above any producing zone.
5. Proper blow-out preventers will be used to sufficient capacity to meet all down hole conditions and will be tested not less than once each 24 hours.

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 J. E. Scroggins Title Chief Clerk-Office Manager Date March 12, 1980
(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE MAR 17 1980
CONDITIONS OF APPROVAL, IF ANY: