

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)
50-025-27262
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Lease Name or Unit Agreement Name Henson 6			
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Well No. 1			
2. Name of Operator Crump Petroleum Corp.		9. Pool name or Wildcat Wildcat Strawn Und. Townsend Permian Upper Penn			
3. Address of Operator P.O. Box 1732 Midland TX 79702					
4. Well Location Unit Letter: M : 3300 Feet From The South Line and 660 Feet From The West Line Section 6 Township 16 S Range 35 E NMPM LEA County					
10. Proposed Depth 12,159		11. Formation Strawn			
12. Rotary or C.T.					
13. Elevations (Show whether DF, RT, GR, etc.) 4061-6" GR		14. Kind & Status Plug. Bond Plugged			
15. Drilling Contractor		16. Approx. Date Work will start 5-16-89			
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
SEE ORIGINAL					

- ① Test Strawn @ 12,144
- ② Perforate 1 TSPF @ 12,144-50  
12,155-59
- ③ Acidize with 1000 gal Acid

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.

SIGNATURE ABR TITLE Agent DATE 5-16-89  
TYPE OR PRINT NAME Rickey Smith TELEPHONE NO. 915-683-2952

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEYTO  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 16 1989

RECEIVED

MAY 16 1989

OCD  
HOBBS OFFICE