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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL [ ]   RE-ENTER [ ]   DEEPEN [ ]   PLUG BACK [X]

b. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER   SINGLE ZONE [ ]   MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Doubloon State 24P

2. Name of Operator
Nearburg Producing Company

8. Well No.
1

3. Address of Operator
P. O. Box 31405, Dallas, Texas 75231-0405

9. Pool name or Wildcat *Wolf Camp*
~~N.E.~~ Lovington ~~Pennsylvanian~~

4. Well Location
Unit Letter P : 400 Feet From The South Line and 400 Feet From The East Line

Section 24   Township 16S   Range 36E   NMPM   Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
PBTD ±10,952'	Wolfcamp	N/A

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3,840' GR	Blanket	N/A	2/10/89

17.

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"	48#	363'	400	Circ
11"	8-5/8"	24# & 32#	4,304'	1,975	Circ
7-7/8"	4-1/2"	11.60# & 13.50#	11,348'	585	9,375'

Propose to abandon existing Strawn perforations from 11,022'-76' by setting a CIBP @ ±10,972' and capping with 20' of cement. We then plan to attempt a Wolfcamp completion.

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 _____   TITLE Engineering Manager   DATE 1-31-89

TYPE OR PRINT NAME T. R. MacDonald

TELEPHONE NO. 214/739-1778

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist   TITLE _____

FEB 03 1989   DATE _____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: