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) 30-025-30541

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

6. State Oil & Gas Lease No. LG 959

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

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

7. Lease Name or Unit Agreement Name: New Mexico FI State

2. Name of Operator: Exxon Corporation

8. Well No. 1

3. Address of Operator: P.O. Box 1600

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line

Section 15 Township 15-S Range 33-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
14,000	Silurian	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
4191 GR	Blanket	Unknown	ASAP

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	54.5	400	215 sxs CLC	Surf
12 1/4	9 5/8	40	4300	1025 sxs CLC	Surf
8 3/4	5 1/2	20,17	13,750	910 sxs CLH	9000

BOP sketches attached. Additional preventers may be added and/or preventers with higher pressure ratings may be substituted depending on equipment provided by the drilling contractor.

Casing substitutions regarding weight and grade may be required due to availability.

Cement volumes estimated.

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 S. Johnson TITLE Administrative Specialist DATE 1-16-89

TYPE OR PRINT NAME Stephen Johnson TELEPHONE NO. (915) 688-7548

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 23 1989

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.