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) 30-025-30671

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

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

7. Lease Name or Unit Agreement Name: State H-36

2. Name of Operator: Conoco Inc.

8. Well No.: #1

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

9. Pool name or Wildcat: Undesignated Shipp Strawn

4. Well Location
Unit Letter P : 555 Feet From The South Line and 765 Feet From The East Line

Section 36 Township 16S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,000'	Strawn	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3741 G.L.	Blanket	not available	January 1990

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-½"	13-⅜"	48#	500'	330 sx	TOC - surface
11"	8-⅝"	32#	4750'	832 sx	TOC - surface
7-⅞"	5-½"	17#	12,000'	1st stage - 709 sx	TOC - 8500'
				2nd stage - 1045 sx	TOC - surface

It is proposed to drill a straight hole to a TD of 12,000' and complete as a single Strawn completion. See attachments for a location plat and BOP specs.

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 W W Baker W. W. Baker TITLE Administrative Sup'r. DATE Sept. 8, 1989

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 14 1989

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.