

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

5. LEASE DESIGNATION AND SERIAL NO.

LC-058395

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

9. WELL NO.

385

10. FIELD AND POOL, OR WILDCAT

Maljamar G-SA

11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA

Sec. 22, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1980' FEL & 610' FSL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2-1/2 miles South of Maljamar, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

4420'

20. ROTARY OR CABLE TOOLS

All rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3983' GL

22. APPROX. DATE WORK WILL START*

November 15, 1989

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	9-5/8"	36#	0-1000'	300 sxs Circ.
7-7/8"	5-1/2"	17#	0-4420'	1220 sxs Circ.

It is proposed to drill a straight hole to 4420' and complete as a Grayburg/
San Andres oil well. Attached is a location and acreage dedication plat, a
proposed well plan outline and a surface use plan.

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OCT 11 11 11 AM '89

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED W.W. Baker TITLE Administrative Supervisor DATE October 10, 1989

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY Alan Krom TITLE for DATE 11-9-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

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NOV 19 1989

OCD
HOBBS OFFICE