

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)
30-025-31077

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1527

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

Nearburg Producing Company

8. Well No.

1

3. Address of Operator

P. O. Box 823085, Dallas, Texas 75382-3085

9. Pool name or Wildcat

Northeast Lovington Pennsylvanian

4. Well Location

Unit Letter N : 660 Feet From The south Line and 1,980 Feet From The west Line

Section 15 Township 16S Range 37E NMPM Lea County

10. Proposed Depth

12,200'

11. Formation

Strawn

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3,793.3' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Peterson Drlg. Co.

16. Approx. Date Work will start

11/30/90

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#	350'	400	Circulate
11"	8-5/8"	24 & 32#	4,200'	1,500	Tie into surface
7-7/8"	5-1/2"	17 & 20#	11,900'	550	9,700' string

Propose to drill the well to evaluate the Strawn formation. After reaching TD, logs will be run and casing set if the evaluation is positive. Perforate, test, and stimulate as necessary to establish production. BOP program is attached.

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 Mildred Simpkins TITLE Production Analyst DATE 11/28/90

TYPE OR PRINT NAME Mildred Simpkins TELEPHONE NO. 214/739-1778

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.