

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

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

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

API NO. (assigned by OCD on New Wells)

30-025-31352

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH-2029

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 ☐

7. Lease Name or Unit Agreement Name

State "R"

2. Name of Operator

Charles B. Gillespie, Jr.

8. Well No.

1

3. Address of Operator

P. O. Box 8 Midland, Texas 79702

9. Pool name or Wildcat

willcat Unit. San Andres

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 330 Feet From The East Line

Section 5 Township 15S Range 33E NMPM Lea County

10. Proposed Depth

4970'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

4213.2' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

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"	54.50#	360'	400	Circulated
11"	8 5/8"	24 & 32#	2630'	850	Circulated
7 7/8"	5 1/2"	17#	4945'	100	4500'

We propose to drill and test the San Andres formation. Approximately 360' of surface casing will be set and cement circulated. Approximately 2630' of intermediate casing will be set and cemented to surface. Production casing will be set at $\pm 4945'$ and cemented back to approximately 4500'. The well will be open hole completed in the San Andres formation to $\pm 4970'$. Mud program: Fresh water, native mud to 360', brine water to 2630' and then fresh water to TD.

BOP program: BOP's will be installed at offset and tested daily.

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

William R. Crow

TITLE

Exploration Manager

DATE 8/9/91

TYPE OR PRINT NAME William R. Crow

TELEPHONE NO. 915-683-1765

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway