

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)

30-025-32281

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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

Snyder "S" Com

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

West Lovington Strawn

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 34 Township 15-S Range 35-E NMPM Lea County

10. Proposed Depth

11,850

11. Formation

Strawn

12. Rotary or C.T.

Rotary

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

3790 GR

14. Kind & Status Plug. Bond

Single

15. Drilling Contractor

Ziadrill, Inc.

16. Approx. Date Work will start

11-6-1993

**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#	400	400	Surf
11"	8 5/8"	32#	4750	750	2500
7 7/8"	5 1/2"	17#	11850	700	9500

We propose to drill and test to Atoka and intermediate formations. Approximately 400' of surface casing will be set and cement circulated. Approximately 4750' of intermediate casing will be set and cemented back to  $\pm$  500' above the top of the Yates formation at 3000'. Production casing will be set to TD and cemented back to approximately 9500'.

Mud Program: fresh water, native mud to 10,000'. Mud up at 10,000' with salt gel.

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 Kevin Widner TITLE Production Manager

DATE 10/28/93

TYPE OR PRINT NAME Kevin Widner

(915)  
TELEPHONE NO 683-1765

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 03 1993