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)
30-025-03979

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VA-0579

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 SWD SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name
(RA) STATE

2. Name of Operator
Unichem International Inc.

8. Well No.
1

3. Address of Operator
P.O. Box 1499 Hobbs, New Mexico

9. Pool name or Wildcat

4. Well Location
Unit Letter K : 1980' Feet From The South Line and ~~1980~~ 1909 ★ Feet From The West Line

Section 31 Township 18S Range 36E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6500'	Delaware	Reverse Unit

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3834' est		DAS	4-1-92

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/4"	13 3/8"	48#	352	300	circ.
11 "	8 5/8"	32#	4600'	3000	circ.
7 7/8"	OH	NA	6500'	NA	

We propose to rig up DAS pulling unit. Remove A+A marker, and clean out 8 5/8" casing to a depth of ± 4435' (shoe plug). Test 8 5/8" casing. If casing tests OK clean out to a depth of ± 6500' and run injectivity test on open hole section from 4600' to 6500'. If casing does not test locate hole and squeeze, then continue as above. Well will be completed as a SWD in the interval 4600'-6500'

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 _____ TITLE agent DATE 3-18-91

TYPE OR PRINT NAME Michael L. Pierce TELEPHONE NO. 392-1915

(This space for State Use)
ORIGINAL SIGNED BY RAY SMITH
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE APR 28 '92

CONDITIONS OF APPROVAL, IF ANY:

SWD 467
Well location - please refer to Original survey plat