

30-025-28700

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 1543
7. Unit Agreement Name
8. Farm or Lease Name State DW
9. Well No. 2
10. Field and Pool, or Wildcat Undesig. (Bone Springs)
12. County Lea
19. Formation Bone Springs
20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RT, etc.) 4043' GR
21A. Kind & Status Plug, Zone Required/Approved
22. Approx. Date Work will start May 1, 1984

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work					
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>					
2. Name of Operator Cities Service Oil and Gas Corporation					
3. Address of Operator P.O. Box 1919 - Midland, Texas 79702					
4. Location of Well UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE AND 1880 FEET FROM THE West LINE OF SEC. 12 TOW. 18S 33E N. 1/4					
5. Depth of Well 9000'					
6. Formation Bone Springs					
7. Rotary or C.T. Rotary					
8. Elevations (Show whether DE, RT, etc.) 4043' GR					
9. Kind & Status Plug, Zone Required/Approved					
10. Approx. Date Work will start May 1, 1984					

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#	500'	500	Circulated
12-1/4"	8-5/8"	24&32#	3300'	1600	Circulated
7-7/8"	5-1/2"	15.5&17#	9000'	850	3200'

It is proposed to drill this well to a T.D. of 9000' and test the Bone Springs Formation.
The blowout prevention program is as follows:

1. One set of blind rams
2. One set of drill pipe rams
3. One Hydril
4. One rotating head

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/18/84
UNLESS DRILLING UNDERWAY

The acreage dedicated to this well has not been assigned to any gas purchaser.

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.

Signed Elmer Startz Title Reg. Opr. Mgr. - Prod. Date 4-18-84

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ DATE APR 18 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 13 1984

O.C.D.
MOBES OFFICE