Submit to Appropriate

State of New Mexico

Surface

District Office State Lease - 6 copies Fee Lease - 5 copies	Energy, Minerals and Natural Resources Department			nt	Form C-101 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		API NO. (assigned by O		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Leas	5-30941 se state X FEE []	
DISTRICT III 1000 Rio Brazos Rd., Azi	ec, NM 87410			6. State Oil & Gas Leas V-1565		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						
1a. Type of Work:		7. Lease Name or Unit	7. Lease Name or Unit Agreement Name			
DRIL b. Type of Well: OIL GAS	L X RE-ENTE	R DEEPEN SINGLE	PLUG BACK			
MEIT X MEIT [OTHER	ZONE	X ZONE [Milky Way	State	
2. Name of Operator				8. Well No.		
	nergy Corporati	on		1		
3. Address of Operator				9. Pool name or Wildcat	9. Pool name or Wildcat	
P.O. Box 4	000, The Woodla	nds, TX 77387-40	00	Wildcat		
4. Well Location Unit Letter	I : 2055 Feet I	From The south	Line and 33		east Line	
Section	17 Town	ship 18S	inge 35E	NMPM Lea	County	
<i>}}}}}</i>						
		10. Proposed Depth 6,700	, 1	1. Formation	12. Rotary or C.T.	
13 Flamtions (Sharrant at	77777777777777777777777777777777777777			Delaware	Rotary	
3942 GR		14. Kind & Status Plug. Bond Blanket on file	15. Drilling Contra	7/20	Date Work will start /90	
17. PROPOSED CASING AND CEMENT PROGRAM						
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTI		EST. TOP	
17-1/2"	13-3/8"	54.50	400'	445	Surface	
12-1/4"	8-5/8"	32.00	3,350'	2,000	Surface	
7-7/8"	5-1/2"	15.50	6.700'	955	Surface Surface	

Mitchell proposes to drill to a depth sufficient to test the Delaware formation for oil. If productive, 5-1/2" casing will be cemented at TD. If non-productive, the well will be plugged and abandoned in a manner consistent with State of New Mexico regulations. Blowout preventerschmatic attached as attachment 1.

6,700'

955

15.50

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 know SIGNATURE	Modge and belief. TITLE Regulatory Affairs Specialist 7/2/90 DATE 7/2/90					
TYPEORPRINT NAME George Mullen						
(This space for State Use) ORIGINAL SICKORY APPROVED BY DESTRUCT SICKORY APPROVED BY	JUL 0 6 1990					
CONDITIONS OF APPROVAL, IF ANY:	DATE					

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

per amended C-101