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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEDERAL ☐
5. State Oil & Gas Lease No.
E-6005-1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>		8. Farm or Lease Name State Lea "K"
2. Name of Operator WESTERN EQUIPMENT COMPANY		9. Well No. 1
3. Address of Operator P.O. Box 5457 Midland, Texas 79704		10. Field and Pool, or Wildcat Pearl Queen
4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE South LINE 660 FEET FROM THE West LINE OF SEC. 36 TWP. 19S RGE. 34E NMPM		12. County Lea
19. Proposed Depth 4250		19A. Formation Seven Rivers
20. Rotary or C.T. P.U.		
21. Elevations (show whether DF, KT, etc.) DF 3716	21A. Kind & Status Plug. Bond \$10,000 PB Current	21B. Drilling Contractor
22. Approx. Date Work will start 6-14-85		

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2	8 5/8	24# & 32#	120	90	circ. to surface
7 7/8	5 1/2	14, 15.5, 20#	4980	380	3300 T.S.

Plug back: Well currently producing from Queen perfs: 4573-79, 4846-53, 4725-31

Will set C.I. B.P. @ 4250', cover w/20' of sand for temp. plug.
Perforate Seven Rivers zone 3992-3998 and treat and test zone separately
B.O.P. 6" 600 x 8" Nominal/Double Rams - 2 3/8" eue tbq bottom
Blind Rams top

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 Bob McHenry Title Agent Date 6-1-85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN - 3 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN - 3 1985

O.C.D.
HOBBS OFFICE