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) 30-025-20253

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B1482

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: State K

2. Name of Operator: OXY USA Inc.

8. Well No. 6

3. Address of Operator: P.O. Box 50250 Midland, TX. 79710

9. Pool name or Wildcat: Vacuum Yates

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 1750 Feet From The East Line

Section 27 Township 17S Range 35E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3125'	Yates	Compl. Ut.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3930'	Required/Approved	Unknown	ASAP

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#	352'	360	Circulated
11"	8 5/8"	24-32#	2999'	1700	TS-35'
7 7/8"	5 1/2"	14-15.5#	6269'	810	TS-2640'

TD - 6250' PBTD - 6150' Glorieta perfs 6100-6122'. It is proposed to plug off the Glorieta formation and test the Yates formation in the following manner:

See other side

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 Production Accountant DATE 7/16/91

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

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

APPROVED BY _____ TITLE _____ DATE JUL 19 1991

CONDITIONS OF APPROVAL, IF ANY: