

NO. OF COPIES RECEIVED	
DISTRIBUTION	
AMT. FEE	
FILE	
U.S.G.S.	
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"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Exxon State
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea
19. Proposed Depth 8800'
19A. Formation Abbo Reef
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3883.2' GL
21A. Kind & Status Plug. Bond Statewide
21B. Drilling Contractor Hondo Drilling Co.
22. Approx. Date Work will start September 17, 1975

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
2. Name of Operator DAVID FASKEN	
3. Address of Operator 608 First National Bank Building, Midland, Texas 79701	
4. Location of Well UNIT LETTER <u>H</u> LOCATED <u>1958</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>4</u> TWP. <u>17-S</u> RGE. <u>36-E</u> NMPM	
5. Proposed Depth 8800'	
6. Formation Abbo Reef	
7. Rotary or C.T. Rotary	
8. Approx. Date Work will start September 17, 1975	

## 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#	400'	325	Circ.
12-1/4"	8-5/8"	24# & 32#	5150'	750	3250'
7-7/8"	4-1/2"	11.60#	8800'	450	6750'

1. Drill 17 1/2" hole to 400'. Set and cement 13-3/8" casing at 400'.
2. Nipple up 13-3/8" x 12" - 3000# W.P. casinghead & hydraulic double ram B.O.P.
3. Drill 12 1/4" hole to 5150' w/10# brine water. Set & cement 8-5/8" casing at 5150'.
4. Nipple up 12" - 3000# W.P. x 10" - 3000# W.P. casinghead spool, and hydraulic double ram B.O.P.
5. Drill 7-7/8" hole to 8800' using fresh water to 8200', low solids mud 8200'-8800'. D.S.T. all shows.
6. Run electric logs.
7. Set & cement 4 1/2" casing at 8800'.
8. Perforate and test pay zones.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,

EXPIRES Dec 15, 1975

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 P. Michael Claiborne Title Agent Date 9-11-75

(This space for State Use)

APPROVED BY John W. Runyan TITLE Geologist DATE SEP 16 1975

CONDITIONS OF APPROVAL, IF ANY:

NEW ZEALAND LAND COMPENSATION COMMISSION  
 A LIAISON FORM FOR A PLAT DEDICATION PLAT

Supplies  
 Office

DAVID FASKEN

EXXON STATE

Well No. 1

H

4

17 South

36 East

LEA

1958

North

330

East

3883.2'

Abbo Reef

Undesignated

Designated Area No. 40

1. I hereby certify that the above information is true and correct and that I have marked on the plat below

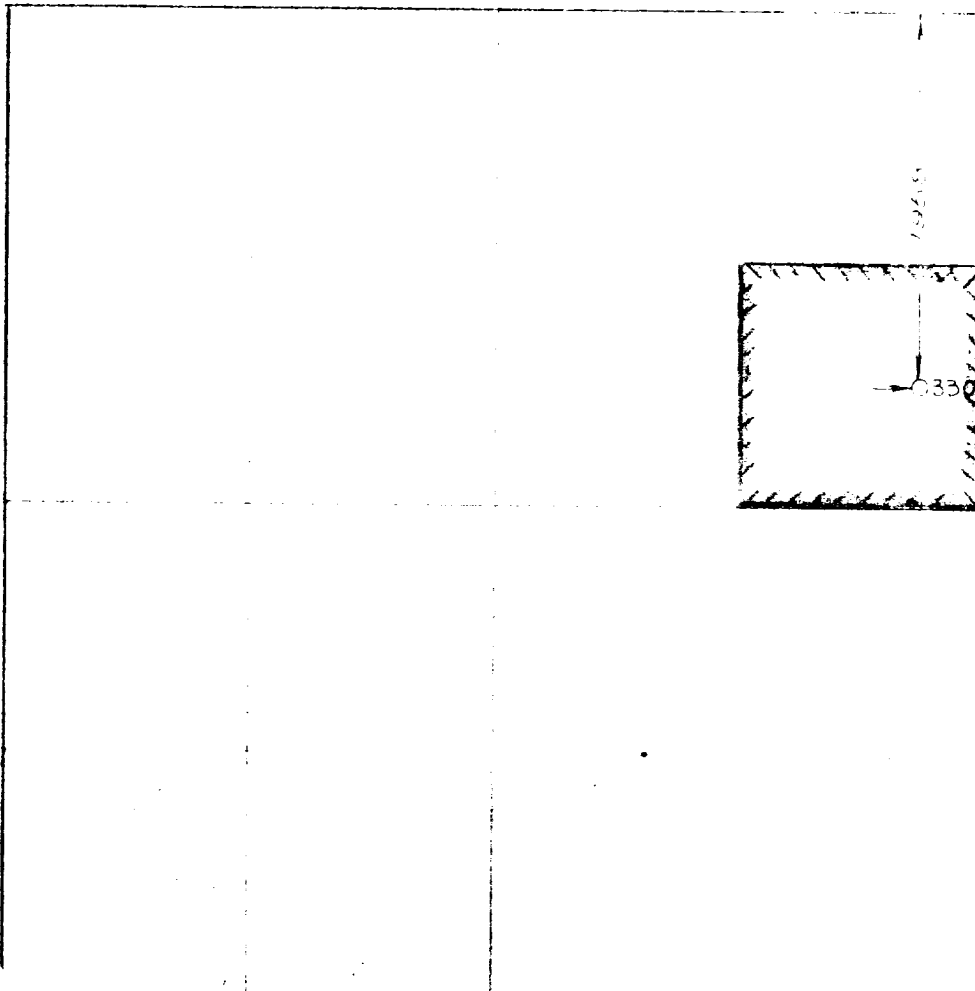
2. I have marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well).

3. I have marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well). I have also marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well).

4. I have marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well).

5. I have marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well). I have also marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well).

6. I have marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well). I have also marked on the plat below the location of the well and identify the ownership thereof (both as to the land and the well).



CERTIFICATION

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

*Michael Claiborne*

Name

P. Michael Claiborne

Location

Agent

Company

DAVID FASKEN

Date

September 11, 1975

I hereby certify that the information shown on this plat was placed thereon in accordance with the notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

September 5, 1975

I hereby certify that the information shown on this plat was placed thereon in accordance with the notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

*John W. Shear*

Notified to

1559

SEP 11 1975

113

RECEIVED

SEP 12 1975

O. C. C.  
ARTESIA, OFFICE