

30-025-27774

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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. A-4096
7. Unit Agreement Name ---
8. Farm or Lease Name New Mexico "DD" State
9. Well No. 1
10. Field and Pool, or Wildcat Scharb
12. County Lea
19. Proposed Depth 10,800'
19A. Formation Wolfcamp Bone Springs
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3900' GR
21A. Kind & Status Plug. Bond Blanket
21B. Drilling Contractor Unknown
22. Approx. Date Work will start Unknown

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Exxon Corporation	
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>4</u> TWP. <u>19S</u> RGE. <u>35E</u> NMPM	
23. 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"	54.5#	400'	300	Surface
12 1/4"	8 5/8"	32.0#	5200'	1200	Surface
7 7/8"	5 1/2"	17.0#	10800'	900	5000'

Depth Interval	Description	BOP Program		Mud Program
		WP (psi)		
400- 5200'	Diverter System	2000		Let build to 10.0 ppg BW.
5200-10800'	Rotating Head Annular BOP Blind Ram BOP Drilling Spool w/4" choke line & 2" kill line Pipe Rams	3000		Fresh water w/lime for pH @ 9000 ± mud up w/get use caustic for pH control 8.4 - 9.3 ppg.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 9/19/82  
UNLESS DRILLING UNDERWAY.

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 Melba Knippling Title Unit Head Date March 4, 1982

(This space for State Use)  
ORIGINAL RECORD BY  
SUPERVISOR SECTION

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 18 1982  
CONDITIONS OF APPROVAL, IF ANY: