STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

L CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30 025 28671

Form C-101
Revised 10-1-78

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

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL [X] DEEPEN [ ] PLUG BACK [ ]

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

7. Unit Agreement Name

8. Farm or Lease Name
Mescalero Ridge

2. Name of Operator
The Superior Oil Company

9. Well No.
11

3. Address of Operator
P.O. Box 3901, Midland, Texas 79702

10. Field and Pool, or Wildcat
Scharb (Bone Spring)
UNDESIGNATED

4. Location of Well UNIT LETTER O LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 17 TWP. 19S RGE. 35E NMPM

12. County
Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
10,700'	Bone Spring	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3824.9' GR	Active Blanket	Undesignated	2-nd Quarter 1984

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'	440	Surface
12-1/2"	9-5/8"	36#	4,100'	1210	Surface
8-3/4"	7" (Liner)	32#	3800-10,700'	495	7900'

5000# BOP Sketch Attached.

Gas Dedicated to Phillips Petroleum Company

See Revision

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/11/84
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 G. E. Tate G E. Tate Title Division Operations Supt. Date 4-9-84

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 10 1984

CONDITIONS OF APPROVAL, IF ANY: