

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)
30-025-29702

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-7265

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

Mobil Producing TX. & N.M. Inc.*

8. Well No.

2

3. Address of Operator *Mobil Exploration & Producing U.S. Inc., as Agent for
Mobil Producing TX. & N.M. Inc., P. O. Box 633, Midland, TX 79702

9. Pool name or Wildcat

SOUTH SHOE BAR UPPER PENN

4. Well Location

Unit Letter L : 510 Feet From The WEST Line and 1830 Feet From The SOUTH Line

Section 36 Township 17S Range 36E NMPM LEA County

10. Proposed Depth
10646-10794

11. Formation
UPPER PENN

12. Rotary or C.T.
ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)
3929 GR

14. Kind & Status Plug. Bond
ACTIVE BLANKET

15. Drilling Contractor
UNKNOWN

16. Approx. Date Work will start
AS SOON AS POSSIBLE

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#	450	450	CIRC TO SURFACE
12-1/4	9-5/8	36#	5150	3500	CIRC TO SURFACE
8-3/4	5-1/2	15.5 & 17	10000	NA	SURFACE

THIS WELL IS PRESENTLY COMPLETED IN THE SOUTH SHOE BAR (DEVONIAN) POOL. PERMISSION IS REQUESTED TO PLUG BACK WITH W/5-1/2 CIBP AND SET @ 10,000 FT & RECOMPLETE IN THE SOUTH SHOE BAR (UPPER) PENNSYLVANIAN POOL.

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

J. W. Dixon

TITLE

ENGINEERING TECHNICIAN

DATE

7/31/91

TYPE OR PRINT NAME

J. W. DIXON

TELEPHONE NO.

(915)
688-2452

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: