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State Lease - 6 copies		State of New Mexico y, Minerals and Natural Resources Department 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) 30-025-29856	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Lease STATE FEE X	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Azteo	, NM 87410	i		6. State Oil & Gas Lease	No.
APPLICAT	ION FOR PERMIT	TO DRILL, DEEPEN, O	OR PLUG BACK		
1a. Type of Work:				7. Lease Name or Unit Agreement Name	
DRILL b. Type of Well:	RE-ENT	er 🛃 🛛 Deepen 🗌	PLUG BACK 🔀		
OIL GAS WELL	OTHER	SINGLE ZONE	MULTIPLE 20NE	Shipp	
2. Name of Operator		·		8. Well No.	
	<u>s B. Gillespie</u>	9. Pool name or Wildcat			
3. Address of Operator					
	<u> Sox 8 Midla</u>	und, Texas 79702		Humble City-	Strawn
4. Well Location Unit Letter	3: <u>550</u> _Fee	From The North	Line and23	Feet From The	East Line
Section	Tow	nship 17-S Ra	unge 37-E	nmpm Lea	County
		10. Proposed Depth		Formation	12. Rotary or C.T.
				Strawn	-
13. Elevations (Show whethe	r DF. RT. GR. etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor		Botary Date Work will start
3756.7		Blanket	Not Deter		
17.		PROPOSED CASING A			
SIZE OF HOLE	SIZE OF CASING		SETTING DEPTH	SACKS OF CEMENT	EST. TOP
7 7/8"	5 1/2"	17-20#	TD	700	9000'
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Well is currently temporarily abandoned after reaching total depth 11,880'. We propose to re-enter and plug back to a depth of approximately 8500', and directionally drill to the Strawn Formation, Humble City-Strawn Pool, within a 75' radius of an unorthodox bottom hole location 990' FNL and 2310' FEL of Section 11, T17S, R37E. A multishot directional survey will be run prior to directional drilling operations as well as upon completion of directional drilling operations. The supervisor of the Hobbs District office of the Division will be notified prior to conducting directional surveys in order that they may be witnessed. Well will be drilled in accordance with Division Order No. R-8814 dated December 21, 1988.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUG 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.						
SKONATURE Albert W. Hasting	- TILE -	Production Manager	DATE1/6/89			
TYPE OR PRINT NAME David W. Hastings			TELEPHONE NO. (915)683÷1765			
(This space for State Use)			JAN 1 0 1989			
ORIGINAL SIGNED BY JERRY SEXTON	. TTLE					
CONDITIONS OF APPROVAL, IF ANY:	,					

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