

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☐ FEDERAL ☒
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Perinzoil Company		8. Farm or Lease Name Waldron
3. Address of Operator P.O. Drawer 1828 Midland, Texas 79702-1828		9. Well No. 2
4. Location of Well UNIT LETTER <u>C</u> LOCATED <u>1300</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>3</u> TWP. <u>17S</u> RGE. <u>37E</u> N.M.P.M.		10. Field and Pool, or Wildcat Shipp Strawn
11. Elevations (show whether DF, KT, etc.) 3766.8 GL		12. County Lea
21A. Kind & Status Plug. Bond Blanket	19. Proposed Depth 11,500'	19A. Formation Strawn
21B. Drilling Contractor Unknown	20. Rotary or C.T. Rotary	22. Approx. Date Work will start 4-06-87

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	420	Surface
11	8 5/8	28	4200	1350	1500'
7 7/8	5 1/2	17	11,500	400	9900'

BOP AS PER ENCLOSED DIAGRAM

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

722-88351

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 Randy Hargrave Title Petroleum Engineer Date 4-01-87

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 6 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 9 1981

OCU

ACRBS OFFICE