

20-025-29894

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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil &amp; Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Mobil Mescalero Ridge	
2. Name of Operator Western Oil Producers, Inc.		9. Well No. 1	
3. Address of Operator P.O. Box 1498 Roswell, New Mexico 88201		10. Field and Pool, or Wildcat 100415 Scharb Wolfcamp	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>2050-2086</u> FEET FROM THE <u>North</u> LINE AND <u>2050</u> FEET FROM THE <u>E</u> LINE OF SEC. <u>17</u> TWP. <u>19E</u> RGE. <u>35S</u> NMPM		12. County Lea	
19. Proposed Depth 11,200		19A. Formation Wolfcamp	20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) GL 3825.1	21A. Kind & Status Plug. Bond State wide	21B. Drilling Contractor WEK Drilling Co., Inc.	22. Approx. Date Work will start 4-10-87

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	48	350	300	circ.
12 1/4	8 5/8	24-32	3600	750	circ.
7 7/8	5 1/2	15.5 & 17	11,200	350	8000

Plan to move in and rig up rig, drill 17 1/2" hole 350', run and cement 13 3/8, circ. cement, Drill 12 1/4" hole 3600', run and cement 8 5/8", circ. cement, drill 7 7/8" hole to 11,200', mud up at 8500' with fresh water, mud wt. 9.1, Vis. 32-40, WL 25 or less. If productive, run 5 1/2" casing, perf to produce. Will nipple up on 8 5/8" casing with Shaffer 10" 900 hydraulic double BOP with 6000 psi test choke manifold.

Permit Expires 6 Months From Approval  
Date 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 Kenneth D. Reynolds Title Supt. Date 4/9/87

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 9 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 9 1987

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