## Submit to Appropriate District Office State Lease - 6 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

Revised 1-1-89

Fee Lease 5 copies	OTT	CONCERNATION	NA DIEMOTORI		• .		
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240		L CONSERVATION DIVISION P.O. Box 2088		API NO. (assigned by OCD on New Wells) 30-025-30624			
DISTRICT II P.O. Drawer DD, Artesia,		Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease  STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Azte	sc, NM 87410	6. State Oil & Gas Lease No.					
APPLICA <sup>-</sup>	TION FOR PERMIT						
la. Type of Work:		7. Leas: Name or Unit Agreement Name					
DRIL. b. Type of Well:	L X RE-ENTE	R DEEPEN	PLUG BACK		_		
MEIT X MEIT C	OTHER	SINGLE ZONE	MULTIFLE ZONE	Shipp'			
2. Name of Operator Charles	8. Well No.						
3. Address of Operator P. 0. [	Box 8 Midlar	9. Pool name of Wilder grated Humble City-Strawn					
4. Well Location Unit Letter D: 510 Feet From The North Line and 990 Feet From The West Line							
Section	Town	aship 17-S Rau	nge 37-E 1	ммрм Lea	County		
				formation	12. Rotary or C.T.		
13. Elevations (Show whether DF, RT, GR, etc.)		11,700 1 14. Kind & Status Plug. Bond 15. Drilling Contractor		Strawn	Rotary		
3753.4		Blanket	· -		Date Work will start		
3753.4 GR Blanket Moranco Drilling, Incl. ASAP  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"	54.50#	440 '	490	Circulated		
]]"	8 5/8"	32#	45001	1975	Circulated		
7 7/8"	5 1/2"	17-20#	TD	700	9000'		
of inte will be	rmediate casin rmediate casin set to TD and gram: freshwa	nd test to Atoka g will be set and g will be set and cemented back to ter, native mud t ill be installed	cement circula cement circula approximately o 10,600'. Mud	ted. Approximat ted. Production 9000'. up at 10,600' w	ely 4500' casing		

Well will be drilled in accordance with Division Order No. R-8941 dated June 1, 1989.

Permit Expires 6 Months From Approval

	The Unless Brilling Underway.					
IN ABOVE SPACE DESCRIBE PROPOSI ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF	ED PROGRAM: IP PROPOSAL IS TO ANY.	DEEPEN OR P	LUG BACK, GIVE DATA ON PRESENT PRODUCTI	VE ZONE AND PROPOSED NEW PRODUCTIVE		
I hereby certify that the information above is true	and complete to the best of my knowled	ige and belief.				
SIGNATURE MailW.	Jarly	TITLE	Production Manager	6/8/89		
TYPEOR PRINT NAME David W. Ha	stings			TELEPHONE NO915-683-1765		
(This space for State Use)	Orig. Signed by Paul Kautz	-		JUN* 9 1989		
APPROVED BY	Geologist	_ TITLE		DATE		
CONDITIONS OF APPROVAL, IF ANY:	and the second					

RECEIVED

JUN 9 1989 OCD HOBBS OFFICE