

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

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

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

API NO. (assigned by OCD on New Wells) <b>30-025-30770</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Lease Name or Unit Agreement Name Byers 12L		
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator Nearburg Producing Company			8. Well No. 1		
3. Address of Operator P. O. Box 31405, Dallas, Texas; 75231-0405			9. Pool name or Wildcat Humble City Strawn, South		
4. Well Location Unit Letter <u>L</u> : <u>1,980</u> Feet From the <u>south</u> Line and <u>810</u> Feet From The <u>west</u> Line Section <u>12</u> Township <u>17S</u> Range <u>37E</u> NMPM <u>Lea</u> County					
10. Proposed Depth 12,500'		11. Formation Strawn		12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 3,733.2' GR		14. Kind & Status Plug. Bond Blanket		15. Drilling Contractor Peterson Drilling	
16. Approx. Date Work will start January 4, 1990					
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#	460'	500	Circ.
11"	8-5/8"	23, 24 or 32#	4,700'	1,600	Tie back to surf csg
7-7/8"	4-1/2 or 5-1/2"	1.6# or 17 & 20#	12,500'	830	±8,000'

Propose to drill the well to evaluate the Strawn formation. After reaching TD, logs will be run and casing set if the evaluation is positive. Perforate, test and stimulate as necessary to establish production.

BOP program is attached.

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 Mildred Simpkins TITLE Production Analyst DATE 12/29/89  
TYPE OR PRINT NAME Mildred Simpkins TELEPHONE NO. 214/739-1778

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**JAN 03 1990**

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

**RECEIVED**

**JAN 02 1990**

**OC**

**HOBBS OFFICE**