Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells) 30-025-30914

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: R. E. GRAHAM 7

2. Name of Operator: HELMERICH & PAYNE, INC.

8. Well No. 4

3. Address of Operator: 5401 S. HATTIE OKC, OK. 73129

9. Pool name or Wildcat: UNDESIGNATED NORTH YOUNG WOLFCAMP

4. Well Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 7 Township 18S Range 32E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10800'	WOLFCAMP	ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
GR. - 3760.5	BLANKET	EXETER	JUNE 1, 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 #	650'	700	SURFACE
11"	8 5/8"	24 #	3100'	750	SURFACE
7 7/8"	5 1/2"	20 #	10800'	1000	6500'

1 - 11" 5000 PSI ANNULAR PREVENTOR
1 - 11" 5000 PSI DOUBLE RAM PREVENTOR
1 - SPOOL TO CASINGHEAD

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.

SIGNATURE Roger G. Burau TITLE DRLG SUPT. DATE 05/16/90

TYPE OR PRINT NAME ROGER G. BURAU (405) 677-0206 TELEPHONE NO.

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

APPROVED BY _____ TITLE _____ DATE MAY 22 1990

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 21 1990

OCD
HOBBS OFFICE