

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

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-025-31169

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-6005

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

Texas State

2. Name of Operator

Xeric Oil & Gas Company

8. Well No.

1

3. Address of Operator

P. O. Box 51311, Midland, TX 79710

9. Pool name or Wildcat

Pearl Queen

4. Well Location

Unit Letter G : 2310 Feet From The north Line and 1650 Feet From The east Line

Section 36

Township 19-South

Range 34-East

NMPM

Lea

County

10. Proposed Depth

5100'

11. Formation

Queen

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

GL-3705.2

14. Kind & Status Plug. Bood

blanket-good

15. Drilling Contractor

Sitton Drilling

16. Approx. Date Work will start

3-1-91

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24 lb.	1800	1250	circ.
7 7/8	5 1/2	15.5 lb.	5100	250	3700

Proposal: -Drill to 5100' with rotary

-Set 1800' of used 8 5/8" surface casing (24 lb.)  
with enough sacks to circulate

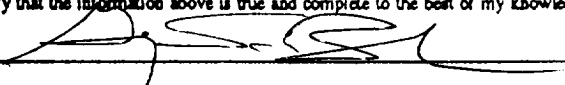
-set 5100' of used 5 1/2" casing (15.5 lb.) with  
250 sacks - est. TOC is 3700'

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



TITLE

Operations Manager

DATE

2-11-91

TYPE OR PRINT NAME

Gary S. Barker

TELEPHONE NO

683-3171

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 13 1991