

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

State of New Mexico
Enc. Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)
30-025-31190

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: **AMENDED**
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

Kimbrough

2. Name of Operator
PHILLIPS PETROLEUM COMPANY

8. Well No.
3

3. Address of Operator
4001 Penbrook St., Ocesa, TX 79762

9. Pool name or Wildcat
Lovington (Paddock)

4. Well Location
Unit Letter E : 660 Feet From The West Line and 1830 Feet From The North Line
Section 7 Township 17-S Range 37-E NMPM Lea County

10. Proposed Depth
6500'
11. Formation
Paddock
12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3806.3' (unprepared)
14. Kind & Status Plug. Bond
blanket
15. Drilling Contractor
advise later
16. Approx. Date Work will start
upon approval

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#	1850'	1200 sk C	surface
7-7/8"	5-1/2"	15.5#	6500'	600 sk C (lead)	surface
				300 sk C Neat	tail) 4500'

BOP EQUIPMENT SERIES 900, 3000# WP

THIS IS AN AMENDED APPLICATION. AMENDED TO CHANGE SETTING DEPTH OF THE SURFACE CASING. VERBALLY APPROVED BY PAUL KAUTZ WITH THE NMCD 5/17/91. THE TOTAL DEPTH OF THIS WELL WAS PREVIOUSLY AMENDED TO 6500'.

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 [Signature] TITLE Supervisor, Regulation and Proration DATE 5/20/91

TYPE OR PRINT NAME M. Sanders (915) 368-1411 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAY 22 1991

CONDITIONS OF APPROVAL, IF ANY: