

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)

30-025-31552

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1357

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

MITCHELL "16" STATE

2. Name of Operator

MERIDIAN OIL INC.

8. Well No.

6

3. Address of Operator

P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat

NORTH YOUNG DELAWARE

4. Well Location

Unit Letter G : 1750 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 16 Township 18-S Range 32-E NMPM LEA County

10. Proposed Depth

5800'

11. Formation

MASSIVE DELAWARE

12. Rotary or C.T.

ROTARY

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

3782.4' GR

14. Kind & Status Plug. Bond

STATEWIDE

15. Drilling Contractor

NA

16. Approx. Date Work will start

4-15-92

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"	28#	400'	450 SXS	SURFACE
7-7/8"	5-1/2"	15.5#	5800'	1500 SXS	SURFACE

BOP PROGRAM: 10"-3M BOP STACK TO BE INSTALLED ON 8-5/8" CSG & LEFT FOR THE REMAINDER OF DRILLING.

EST. TOPS: ANHY 1135', SALT 1280', YATES 3060', QUEEN 3810', SAN ANDRES 4405', DELAWARE 5368'.

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 Maria L. Perez TITLE PRODUCTION ASST. DATE 3-26-92

TYPE OR PRINT NAME MARIA L. PEREZ TELEPHONE NO. 915-688-6906

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.