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

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, N	O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			API NO. (assigned by OCD on New Wells) 30-025-31888				
P.O. Drawer DD, Artesia, NM 88210				5. Indicate	Type of Lease	ATE X FE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					& Gas Lease	No.		
APPLICA	ATION FOR PERMIT	1//////			/////			
la. Type of Work:		7. Lease Na	7. Lease Name or Unit Agreement Name					
DRII b. Type of Well:	LL X RE-ENTI	er Deepen D	PLUG BACK			,		
OIL GAS WELL WELL	X OTHER	SINGLE ZONE	X MULTIPLE ZONE	Redha	wk "32"	State		
2. Name of Operator				8. Well No.				
Mitchell Er		1						
3. Address of Operator P.O. Box 4000 The Woodlands. TX 77387-4000					9. Pool name or Wildcat			
7,730, 4000					Quail Ridge (Morrow)			
4. Well Location Unit Letter	L : 1980 Feet	From The south	Line and 8	LO Feet	From The	west	Line	
Section 3	2 Tow	nship 19S Ra	nge 34E	NMPM	Lea	C	xunty	
							77777	
					rination 12. Rotary or C.T.			
13 Flantings (Champel at			14,000		row	Rotary		
13. Elevations (Show whether DF, RT, GR, etc.) 3643 GR		14. Kind & Status Plug. Bond	15. Drilling Contractor	-	16. Approx. Date Work will start			
	GR	Blanket on File			0:	2-20-93		
	P	ROPOSED CASING AN	ND CEMENT PROG	RAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP	,	
17-1/2"	13-3/8"	54.50#	500 '	Light +		Surface		
12-1/4"	8-5/8"	32#	5250 '	Light +		Surface		
<u>7-7/8"</u>	5-1/2"	17#	TD	50/50		9000'		

Mitchell proposes to drill to a depth sufficient to test the Morrow formation for gas. If productive, $5\frac{1}{2}$ " casing will be cemented at TD. If non-productive, the well will be plugged and abandoned in a manner consistent with State of New Mexico regulations. Blowout preventer schematic attached as Exhibits 1 & 1A.

(This space for State Use) ORIGINAL WONNED BY JERRY SEXTON PETROVED BY	7771 5	JAN 29 1993
TYPEOR PRINT NAME George Mullen		TELEPHONE NO. (713) 377-5855
TATE OF TRATE AND THE COLUMN AND THE		- DAIL
SKONATURE Deorge Mullen	mme Reg. Affairs Specialist	DATE 01-27-93
I hereby certify that the information above is true and complete to the best of my knowle	dge and belief.	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	D DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZO	NE AND PROPOSED NEW PRODUCTIVE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.