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 1-1-8

Fee Lease - 5 copies					Actibed 1-1-09
DISTRICT I	OIL	CONSERVATIO	ON DIVISION	A DI NO / sesigned by O	CD on New Well
P.O. Box 1980, Hobbs, N		P.O. Box 2088		API NO. (assigned by OCD on New Wells) 30-025-04073	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease		
	, NM 8821U		TATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azz	ec, NM 87410	6. State Oil & Gas Leas			
APPLICA	TION FOR PERMIT	B-2736-			
1a. Type of Work:	TION ON LIMIN	7. Lease Name or Unit A	American No.		
DRII b. Type of Well:	L RE-ENTER	X DEEPEN	PLUG BACK		Ricement Mame
OIL GAS	ОТНЕЖ	SINGLE ZONE	MULTIPLE ZONE	State A-26	
2. Name of Operator	7	8. Well No.			
Lewis B. Bur	rieson, Inc.	2			
3. Address of Operator P.O. Box 2479 Midland, TX 79702				9. Pool name or Wildcat Eumont - Y - S R-Q I	
4. Well Location				Lullion C - 9 -	3K-UN
Unit Letter	L: <u>1980</u> F∞t Fi	rom The South	Line and	660 Feet From The	West Line
Section 26	_	: 10 c	26 5		
Section 25	Towns	hip 19-S Rad	nge 36-E	NMPM Lea	County
		10. Proposed Depth	11. I	ormation	12. Rotary or C.T.
		4020		Queen	Rotary
3. Elevations (Show wheth NA	er DF, RT, GR, etc.)	4. Kind & Status Plug. Bond	15. Drilling Contractor	16. Арргох.	Date Work will start
7.		Statewide			3-1-91
SIZE OF HOLE		OPOSED CASING AN			
12 ½	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	
4	7 5/8"	NA NA	172 ' 1337 '	250	Circ.
	5 ½"		3818'	425 425	
				1	
1. MIPU. II	nstall head on p	roduction casing	1 W/ 6"-600 ROD		
		plugs & CIBP. to		•	
			4020.		
3. Run 4" 1	iner & cement fr	om 3750'-4020'.			
/ D - C -					

- 4. Perf. Eumont section.
- 5. Acidize & frac. if necessary.
- 6. Return to production.

CONDITIONS OF APPROVAL, IF ANY:

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 kno	wledge and belief.						
SIGNATURE MILLEN	Superintendent	DATE 2-5-91					
TYPEORPRINTNAME Warne Jarvis		ТЕLЕРНЮНЕ NO. 915/683-4747					
(This space for State Use)		P P S					
APPROVED BY	тпъ	FEB 0 7 1991					