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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

| | |
|--------------------------------|---|
| 5A. Indicate Type of Lease | |
| STATE <input type="checkbox"/> | FEE <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | | |
|---|--|---|--|
| 1a. Type of Work Re-enter P&Ad well | | 7. Unit Agreement Name | |
| b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> | | 8. Farm or Lease Name G. C. Matthews | |
| OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 9. Well No. 3 | |
| 2. Name of Operator GULF OIL CORPORATION | | 10. Field and Pool, or Wildcat Eunice-Monument (P) | |
| 3. Address of Operator P.O. Box 670, Hobbs, NM 88240 | | 12. County Lea | |
| 4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>6</u> TWP. <u>20S</u> RGE. <u>37E</u> NMPM | | 19. Proposed Depth Approx. 3650' | |
| | | 19A. Formation Grayburg-San Andres | |
| | | 20. Rotary or C.T. | |
| 21. Elevations (Show whether DF, RT, etc.) 3567' GL | | 21A. Kind & Status Plug. Bond | |
| | | 21B. Drilling Contractor | |
| | | 22. Approx. Date Work will start | |

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 13-3/4" | 10-3/4" | 32# | 216' | 200 sx | Circ |
| 9-7/8" | 7-5/8" | 22# | 2345' | 450 sx | Circ |
| 6-3/4" | 5 1/2" | 17# | 3744' | 200 sx | 942' |

Dig out cellar, inspect csg top & install wellhead eqpt as needed. Clean out surf plug to approx 50'. Clean out well to PBD @ approx 3645'. Pres test csg to 500 psi for 30 min. Run cased-hole GRN-CCL log from approx 3650' to 1900'. Logs to be evaluated for perfs within the Eunice-Monument pool & for required stimulation.

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.

Signed N. B. Sikes, Jr. Title Area Engineer Date 7-17-79
(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE JUL 18 1979
CONDITIONS OF APPROVAL, IF ANY: