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

Tec Dealec - 5 copies	OT (TANCED VA TIO	NI TATAMETONI				
DISTRICT I	-	CONSERVATIO		API NO. (assigned by OC	D on New Wells)		
P.O. Box 1980, Hobbs, NN		P.O. Box 208 anta Fe, New Mexico	· -	30-025-27061			
DISTRICT II		anita re, New Mexico	0/304-2000	5. Indicate Type of Leas			
P.O. Drawer DD, Artesia, I	NM 88210			S	TATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Azte	c, NM 87410			6. State Oil & Gas Lease	: No.		
APPLICAT	TION FOR PERMIT T						
1a. Type of Work:		7. Lease Name or Unit Agreement Name					
DRILI b. Type of Well:	RE-ENTER	DEEPEN	PLUG BACK X				
OIL GAS WELL [OTHER	SINGLE ZONE	X MULTIPLE ZONE	Watkins A Gas	Com		
2. Name of Operator Mitchell Ener	gy Corporation	8. Well No.					
3. Address of Operator P. O. Box 400	0, The Woodlands	9 Pool name or Wildcat Featherstone Bone Spring	NDESIGNATE				
4. Well Location Unit Letter G	: 1980 Feet Fr	om The North	Line and 1980	Feet From The	East Line		
Section 22	Towns	hip 20S Ran	nge 35E	MPM Lea	County		
<i>\}}}!!!!</i>				<i>/////////////////////////////////////</i>	12. Rotary or C.T.		
		10. Proposed Depth 10,700'	11. F	Bone Spring	12. Rodry of C.1.		
13. Elevations (Show whether	er DF, RT, GR, etc.) 1	4. Kind & Status Plug. Bond	15. Drilling Contractor		Date Work will start		
3694' GR		Blanket on file		5/31/91			
PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT			
14 3/4"	10 3/4"	40.5	4303'	3312	surf		
9 1/2"	7 5/8"	39 & 33.7	11650'	1900	3260'		
6 1/2"	4 1/2"	15.1	11146'-13824'	440	11146'		

Propose to plug back from Morrow @ 13308-13377' to Bone Spring @ 10,354-67'. Set 41/2'' CIBP @ 13,200' and dump 30' of cmt on top w/bailer. Perf 2 SPF from 10,354-67'. Acidize w/3600 gal 15% HCl and swab test.

	Tate Unless Brilling Underway. Recompletion		
	a litica		
	Recompletion	hones.	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	EPEN OR PLUG BACK, GIVE DATA ON PRESENT FRODUCTIVE 201		
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.		
JOHNIONE	THLE Engineer	DATE5/23/91	
James Blount		TELEPHONE NO. (915)682-5396	
TYPE OR PRINT NAME		TELEPHONE NO.	
(This space for State Use) Orig. Signed by. Paul Kautz Geologisti		MAN 4 1991	
APPROVED BY	TITLE	. DAIL	
CONDITIONS OF APPROVAL, IF ANY:			