

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

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)  
30 025 27457

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-279

7. Lease Name or Unit Agreement Name

Sims 35 State

8. Well No.  
1

9. Pool name or Wildcat  
SE 35  
Isolate Wolfcamp West

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 ☐

2. Name of Operator

Enron Oil & Gas Company

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

4. Well Location

Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line

Section 35 Township 20S Range 35E NMPM Lea County

10. Proposed Depth

11,970'

11. Formation

Wolfcamp

12. Rotary or C.T.

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

3679.9' GR

14. Kind & Status Plug. Bond

Blanket-Active

15. Drilling Contractor

16. Approx. Date Work will start

10/2/91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48#	860'	400 Lite & 300 CI C	Circulated
12-1/4	9-5/8	40 & 36#	5655'	2950 HLW & 500 CI C	Circulated
8-3/4	7	26#	12320'	425 HLW & 325 CI H	
6-1/8	4-1/2	13.5#	14723'		12002

Isolate Morrow Perforations 12,963'-13,192' with CIBP @ 12,950' + 10' cmt on top pressure test to 1000 psig.

Set CIBP across liner top @ 11,980' + 10' cmt on top & test to 1000 psig

Perforate Wolfcamp: 11,463'-611' (45 holes) as follows:

11,463-70 11,570-74

11,489-503 11,584-88

11,553-57 11,594-98

11,560-63 11,608-11

Acidize w/9000 gals 20% NeFe w/additives.

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 Betty Gildon TITLE Regulatory Analyst

DATE 10/3/91

TYPE OR PRINT NAME Betty Gildon

1515/686-3714  
TELEPHONE NO.

(This space for State Use)

Orig. signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE 10/25/1991

CONDITIONS OF APPROVAL, IF ANY: