Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30 025 27785

5. Indicate Type of Lease STATE [X] FEE [ ]

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Sims 35 State

2. Name of Operator
Enron Oil & Gas Company

8. Well No.
2

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat Southeast Lea
~~Osudo,WEst~~ (Wolfcamp)

4. Well Location
Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line

Section 35 Township 20S Range 35E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
11,560'	Wolfcamp	-

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3682.5' GR	Blanket-Active	-	1/3/92

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#	875'	700 sacks	Circulated
12-1/4	9-5/8	36#	5628	2875 sacks	Circulated
8-3/4	7"	26 & 23#	12350	750 sacks	
6-1/8	4-1/2" Liner	13.5#	13,563	300 sacks	TOL: 12,084'

Morrow Perforations: 13,027'-13,198'

Set sand plug at 12,828' - tagged

Spot 2 aacks cement with dump bailer at 12,806'

Set CIBP at 12,050' - tested to 2000 psi for 15 minutes OK.

Perforate Wlfcp 11,560'-11,590'

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 1/16/92

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO (915) 686-3714

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 24 '92

CONDITIONS OF APPROVAL, IF ANY: