

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
H. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO

30-025-27812

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
OIL WELL GAS WELL OTHER
SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
Ike Lovelady, -Ihc.

3. ADDRESS OF OPERATOR
P.O. Drawer 2666; Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
660' FNL & 660' FEL, Section 26
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
1/2 miles southeast Halfway, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
660'

16. NO. OF ACRES IN LEASE
320

17. NO. OF ACRES ASSIGNED TO THIS WELL
320

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
none

19. PROPOSED DEPTH
13,500

20. ROTARY OR CABLE TOOLS
rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
Gr 3555.3

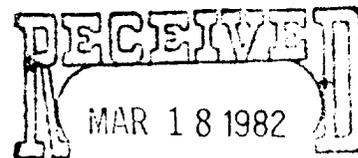
22. APPROX. DATE WORK WILL START*
May 1, 1982

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
26	20	94	1200	2200 Sk(Circulate)
17-1/2	13-3/8	54 & 61	3000	1750 Sk(Circulate)
12-1/4	9-5/8	40	5200	1900 Sk(Cir. 2 stages)
8-3/4	5-1/2	20 & 23	13,500	1000 Sk.

Productive zone will be perforated and stimulated as necessary.

NOT GAS SALES DEDICATED



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Paul J. Smith TITLE Manager of Drlg. & Prod. DATE 3/16/82

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: