

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

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-025-31088

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2656

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

Conoco Inc.

3. Address of Operator

10 Desta Drive West, Midland, TX 79705

7. Lease Name or Unit Agreement Name

State A-3 Gas Com.

8. Well No.

2

9. Pool name or Wildcat

Eumont ~~Y-SK-QN~~ Gas

4. Well Location

Unit Letter 0 : 660 Feet From The south Line and 1980 Feet From The east Line

Section 3 Township 20S Range 37E NMPM Lea County

10. Proposed Depth

3850'

11. Formation

Queen

12. Rotary or C.T.

Rotary

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

GR 3572'

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

16. Approx. Date Work will start

1/1/91

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	400'	200	Surface
7-7/8"	5-1/2"	17#	3850'	590	Surface

This well is proposed to be drilled as a Eumont gas producer.

Attached are:

- 1) Well Location and Acreage Dedication Plat.
- 2) Proposed Well Plan Outline.
- 3) Cementing Program Outline.
- 4) BOP Specifications.

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 Jerry W. Hoover TITLE Regulatory Coordinator DATE 11/30/90

TYPE OR PRINT NAME Jerry W. Hoover

TELEPHONE NO. 915-686-6548

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: