

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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)

30-025-31105

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

Doyle Hartman

7. Lease Name or Unit Agreement Name

Britt-Laughlin Com
NMOCD Order R-9199

3. Address of Operator

P. O. Box 10426, Midland, Texas 79702

8. Well No.

6

9. Pool name or Wildcat

Eumont (Y-7R-Qn) Pro Gas

4. Well Location

Unit Letter I : 1860 Feet From The South Line and 760 Feet From The East Line

Section 5 Township 20-S Range 37-E NMPM Lea County

10. Proposed Depth

3800'

11. Formation

Queen-Penrose

12. Rotary or C.T.

Rotary

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

3559.3 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Cactus Drilling

16. Approx. Date Work will start

December 18, 1990

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	9-5/8"	36#/ft.	450'	350 sx	Surface
8-3/4"	7"	26#/ft.	3800'	700 sx	Surface

Before drilling out from under surface pipe, the well will be equipped with a 3000 psi 10" series 900 double ram hydraulic BOP, and Hydril.

Cement volumes may be adjusted to insure that the cement behind both the 9-5/8" and 7" casing will be brought to surface.

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 Michael Stewart TITLE Engineer DATE 12-11-90

TYPE OR PRINT NAME Michael Stewart TELEPHONE NO. 915/684-4011

(This space for State Use)

APPROVED BY Michael Stewart TITLE Engineer

DATE DEC 14 1990

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY Michael Stewart TITLE Engineer
DATE DEC 14 1990