

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells)
30-025-31337

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 ☐

7. Lease Name or Unit Agreement Name

Merit-Record "35"

2. Name of Operator

Mitchell Energy Corporation

8. Well No.

1

3. Address of Operator

P. O. Box 4000, The Woodlands, TX 77387-4000

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line

Section 35 Township 19 S Range 35 E NMPM Lea County

10. Proposed Depth

11,336 11,620

11. Formation

Wolfcamp

12. Rotary or C.T.

Rotary

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

3672 GR

14. Kind & Status Plug. Bond

Blanket on File

15. Drilling Contractor

16. Approx. Date Work will start

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"	54.5#	512'	530	Surface
12-1/4"	8-5/8"	32.0#	5,132'	2,375	Surface
7-7/8"	5-1/2"	17.0#	12,950'	625	10,100'

This well was permitted as a Plugback to the Bone Spring formation. The Bone Spring was non-productive and Mitchell now plans to deepen the well back to the Wolfcamp formation. Please see attachment for activity from 3/5/92 to present.

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 George Mullen TITLE Regulatory Affairs Specialist DATE 3/16/92

TYPE OR PRINT NAME George Mullen 713 377-5855 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

MAR 23

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: