

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 31857

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

Scharbauer "4"

2. Name of Operator

Mitchell Energy Corporation

8. Well No.

1

3. Address of Operator

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

9. Pool name or Wildcat

Gem (Bone Spring)

4. Well Location

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

Section 4 Township 20S Range 33E NMPM Lea County

10. Proposed Depth
9,350

11. Formation
Bone Spring

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3556 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
26-1/2"	20"	94	500'	950 sx	Surface
17-1/2"	13-3/8"	68	2,950'	2207 sx	Surface
12-1/4"	8-5/8"	32	5,382'	885 sx	Surface
7-7/8"	5-1/2"	17	13,719'	1000 sx + 800 sx thru DV @ 9724'	TOC @ 6630'

Plug back from Wildcat (Wolfcamp) to Gem (Bone Spring) Pool.

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.

George Mullen

SIGNATURE

TITLE

Reg. Affairs Specialist

DATE 08-17-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 23 1993