Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-22245

5. Indicate Type of Lease STATE [ ] FEE [X]

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 [X]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: McGarrity

2. Name of Operator: Team Exploration

8. Well No.: 1

3. Address of Operator: c/o Oil Reports & Gas Services, Inc. P.O. Box 755, Hobbs, NM 88241

9. Pool name or Wildcat: Wildcat San Andres

4. Well Location
Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line

Section 6 Township 20S Range 38E NMPM Lea County

10. Proposed Depth: 5700'
11. Formation: Grayburg
12. Rotary or C.T.: N/A

13. Elevations (*Show whether DF, RT, GR, etc.*): 3579 KB
14. Kind & Status Plug. Bond: One Well Bond
15. Drilling Contractor: N/A
16. Approx. Date Work will start: ASAP

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	8 5/8" csg		1530'	1000 circ.	
7 7/8	5 1/2" csg		7089'	1000-Top cmt@	1600'
7 7/8	2 1/16"		5800'		

Rig Up
Set CIBP @ 5700'
10 sx cmt on top.
Perf San Andres Grayburg 4114', 12' & 01', 4096', 94', 92'
w/2 shots per foot, 12 holes.
Acidize w/1200 gal of HCL.
Test.

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 Karen Keller TITLE Agent DATE 6/14/93

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE JUN 16 1993

CONDITIONS OF APPROVAL, IF ANY: