

30-025-28179

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>B-1536</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>State E</u>
9. Well No. <u>11</u>
10. Field and Pool, or Wildcat <u>S. Eunice 7 Rivers Queen</u>
12. County <u>Lea</u>
19. Proposed Depth <u>3950'</u>
19A. Formation <u>Queen</u>
20. Rotary or C.T. <u>Rotary</u>
21. Elevations (Show whether DF, RT, etc.) <u>3557' GR (est.)</u>
21A. Kind & Status Plug. Bond <u>Blanket</u>
21B. Drilling Contractor
22. Approx. Date Work will start <u>April 15, 1983</u>

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator <u>CONOCO INC.</u>	3. Address of Operator <u>P. O. Box 460, Hobbs, N.M. 88240</u>	4. Location of Well UNIT LETTER <u>O</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>17</u> TWP. <u>22S</u> RGE. <u>36E</u> NMPM
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23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>28#</u>	<u>1000'</u>	<u>409 SX</u>	<u>Circ. 75 SX</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>15.5#</u>	<u>3950'</u>	<u>1300 SX</u>	<u>Circ. 214 SX</u>

It is proposed to drill a straight hole to a TD of 3950' and complete it as a Queen oil well.
See attachments for a location plat and BOP specs.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 9/24/83
UNLESS DRILLING UNDERWAY

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.

Signed Jerry Sexton Title Administrative Supervisor Date 3/21/83

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 24 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 23 1983
O.C.D.
HOBBS OFFICE