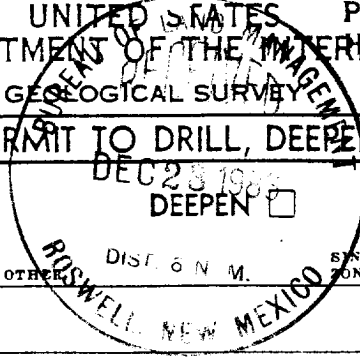


UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-025-28570



APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
OIL WELL GAS WELL OTHER
SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
990' FNL + 1980' FEL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL
40/80 ACRES

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
7500'

20. ROTARY OR CABLE TOOLS
ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3578.3' GR

22. APPROX. DATE WORK WILL START*
APRIL 15, 1984

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	54.5 #	1475'	1120 SXS "C" CMT CIRC.
8 3/4"	7"	23 # + 26 #	7500'	1150 SXS "H" + 1450 SXS "C" THRU DV TOOL @ 4500'

IT IS PROPOSED TO DRILL A STRAIGHT HOLE TO A TD OF 7500' AND COMPLETE AS A SKAGGS DRINKARD/MONUMENT TUBBS DUAL OIL WELL. SEE ATTACHMENTS FOR A 10-POINT WELL PLAN AND 13-POINT SURFACE USE PLAN.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNER: Wm A. Butterfield TITLE: Administrative Supervisor DATE: 12/22/83

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY: S/Richard Bastin TITLE: ASSOCIATE DISTRICT MANAGER DATE: JAN 16 1984

CONDITIONS OF APPROVAL, IF ANY:

NMOC D approval for Dual Completion
*See Instructions On Reverse Side

APPROVAL SUBJECT TO GENERAL REQUIREMENTS AND SPECIAL STIPULATIONS ATTACHED