

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

C. W. TRAINER

3. ADDRESS OF OPERATOR

P.O. BOX 755 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

660' FNL & 1980' FWL

At proposed prod. zone

Same

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

12 Miles Southeast of Halfway

10. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

660'

16. NO. OF ACRES IN LEASE

920

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

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

App. 10000'

19. PROPOSED DEPTH

10,000'

20. ROTARY OR CABLE TOOLS

Rotary

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

3706.2' GR

22. APPROX. DATE WORK WILL START*

April 15, 1989

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#	550'	500 sx. (Circ.)
11 "	8 5/8"	24#/32#	4800'	1500 sx. (3600 ft ³) CIRCULATE
7 7/8"	5 1/2"	17#	10000'	Sufficient to cover all pays.

MUD PROGRAM: 0-550' Fresh water gel/LCM Spud Mud.
550'-4800' Brine water
4800-10000' Fresh water gel, drispac.

BOP PROGRAM: BOP's will be installed at the onset of drilling. They will consist of a double ram hydraulic BOP and a Hydraulic Annular BOP, both with a working pressure of 3000#. BOP's to be tested daily.
See attached diagram for BOP.

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

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.

SIGNED

H. E. Lee

TITLE Agent

DATE 3-5-89

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CARLESSAD RESOURCE

DATE

4-12-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side