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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

API NO. (assigned by OCD on New Wells) 30-025-30865

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

5. Indicate Type of Lease

STATE X FEE

					1	31.	HIE LA	122	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					6. State Oil	6. State Oil & Gas Lease No. B-874-1			
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									
1a. Type of Work:					7. Lease Na	me or Unit Ag	reement Name		
DRILI b. Type of Well:	RE-ENTER	DEEPEN [PLUG	BACK					
OIL GAS WELL [SINCEL ZONE	· 🖳	MULTIPLE ZONE	West	Cass 16	State			
2. Name of Operator					8. Well No.				
Conoco Inc.						1			
3. Address of Operator						9. Pool name or Wildcat			
P.O. Box 460 - Hobbs, NM 88240						Cass Lenn			
4. Well Location Unit LetterI) : <u>525</u> Feet F	From The North	I	ine and 6	00 Feet	From The	West	Line	
Section 16	Towns	ship 20S	Range	37E	NMPM		Lea	County	
								<u> [[]][]</u>	
		10. Proposed Dep 78	oth 00		l. Formation Straw		12. Rotary or C. Rotary		
13. Elevations (Show whether DF, RT, GR, etc.) 3525.9		14. Kind & Status Plug. Boo El anket	id 15.	Drilling Contract none ye		16. Approx. Date Work will start 5-1-90		art	
17. PROPOSED CASING AND CEMENT PROGRAM									
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	T SET	TING DEPTI	SACKS OF	CEMENT	EST. T	OP .	
17-1/2"	13-3/8"	54.5#		300	660	sxs.	circ.		
8-3/4 ^{rr}	7''	26.0#		7800	1st-425	sxs.	circ		
					2nd-400	sxs.			

We propose to drill a straight hole to a TD pf 7800' and complete as a Strawn oil well. A proposed wellplan outline, cementing program, C-102 and a BOP configuration are 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. GIVE BLOWOUT-PREVENTER PROGRAM, IF ANY.								
I hereby certify that the information above is true and complete to the best of my knowle								
TYPE OR PRINT NAME H.A. Ingram	mre	TELEPHONE NO397-5800						
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TMLE	APR 1 1 1990						

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

1

APR 10 1990

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