

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

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

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

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

b. Type of Well:

OIL
WELL ☐

GAS

WELL ☒

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

MATTIE JAMES

2. Name of Operator

MERIDIAN OIL INC.

8. Well No.

4

3. Address of Operator

P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat

JALMAT TANSILL-YATES SEVEN

RIVERS (PRO GAS)

4. Well Location

Unit Letter

A

: 660

Feet From The NORTH

Line and 660

Feet From The EAST

Line

Section

10

Township

22-S

Range

36-E

NMPM

LEA

County

10. Proposed Depth

3850'

11. Formation

YATES

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3562.7' GR

14. Kind & Status Plug. Bond

STATEWIDE

15. Drilling Contractor

NA YET

16. Approx. Date Work will start

9-15-93

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"	28#	400'	250 SXS	SURFACE
7-7/8"	4-1/2"	11.6#	3550'	900 SXS	SURFACE

SIMULTANEOUS DEDICATION WITH THE MATTIE JAMES WELL NO. 1 LOCATED UNIT G, 1980' FNL & 1980' FEL.

THE NON-STANDARD 160 ACRE GAS PRORATION UNIT WAS PREVIOUSLY APPROVED UNDER DIVISION ORDER R-520 DATED AUGUST 12, 1954 AND DEDICATED TO THE MATTIE JAMES WELL NO. 1.

ESTIMATED TOPS: RED BEDS 350', RUSTLER 1125', SALADO 1240', TANSILL 2520', YATES 2750', SEVEN RIVERS 2975', QUEEN 3350'.

BOP SKETCH IS 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 knowledge and belief.

SIGNATURE Maria L. Perez

TITLE PRODUCTION ASST.

DATE 8-17-93

TYPE OR PRINT NAME MARIA L. PEREZ

TELEPHONE NO. 915-688-6906

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: