

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)

30-025-20379

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B1481

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 ☐

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 50250 Midland, TX. 79710

7. Lease Name or Unit Agreement Name

State A0

8. Well No.

2

9. Pool name or Wildcat

Eumont Yates 7 Rvrs Queen

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 2 Township 21S Range 36E NMPM Lea County

10. Proposed Depth

3690'

11. Formation

Yates 7 Rvrs On

12. Rotary or C.T.

Completion Ut

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

3514'

14. Kind & Status Plug. Bond

Required/Approved

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

ASAP

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13 3/8"	48#	429'	400	Surface
12 1/4"	9 5/8"	36#	3695'	750	Surface

TD-11050' It is proposed to re-enter the Conoco-State HH2#2 and test the Yates, Seven Rivers & Queen formations in the following manner:

1. Drill out cement plugs to 3690'.
2. Run cased hole GR/CNL.
3. Perforate Yates, Seven Rivers & Queen
4. Stimulate the perforated intervals.
5. Test well & put on line.

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 David Stewart TITLE Production Accountant DATE 5/3/91

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 915-685-5717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAY 1 1991

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.
Re entry