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NEW MEXICO OIL CONSERVATION COMMISSION

30-025-26435

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Doyle Hartman		8. Farm or Lease Name J. K. Rector
3. Address of Operator 508 C & K Petroleum Building, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> LOCATED <u>2310</u> FEET FROM THE <u>South</u> LINE <u>330</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>30</u> TWP. <u>21-S</u> RGE. <u>36-E</u> NMPM		10. Field and Pool, or Wildcat Eumont
		17. County Lea
		18. Proposed Depth 4100
		19A. Formation Penrose
		20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RI, etc.) 3630 G. L.	21A. Kind & Status Plug. Bond Multi-well Approved	21B. Drilling Contractor Capitan
		22. Approx. Date Work will start 9-05-79

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	325	Surface
7 7/8	5 1/2	17	4100	600	Surface

The proposed well is to be drilled as a 4100-foot Penrose test and will be completed as a Eumont (Oil) producer. If the proposed Eumont (Oil) completion is unsuccessful, the well will be completed as a Eumont (Gas) producer. From the base of the surface through the running of the production casing, the well will be equipped with a double-ram 3000-psi BOP system.

Note: Any gas produced from the subject tract has previously been dedicated to El Paso Natural Gas Company.

VE 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 certify that the information above is true and complete to the best of my knowledge and belief.

Doyle Hartman Title Operator Date August 16, 1979
(This space for State Use)

ED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE AUG 20 1979
ONS OF APPROVAL, IF ANY