

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells) <u>30-025-27135</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5012

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Lease Name or Unit Agreement Name State 4
b. Type of Well: 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"/>		
2. Name of Operator Hunt Oil Company		8. Well No. 1
3. Address of Operator Fountain Place 1445 Ross at Field, Dallas, Texas 75202-2785		9. Pool name or Wildcat <u>wildcat hunt</u> N. Grama Ridge Bone Spring
4. Well Location Unit Letter T : 660 Feet From The west Line and 2310 Feet From The south Line Section 4 Township 21 S Range 34 E NMPM Lea County		

10. Proposed Depth 9436'		11. Formation Delaware	12. Rotary or C.T.
13. Elevations (Show whether DF, RT, GR, etc.) 3730'GL; 3746'DF	14. Kind & Status Plug. Bond Blanket; Active	15. Drilling Contractor Pool Well Service	16. Approx. Date Work will start 4/1/90

17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Plug and abandon the Bone Springs formation by setting a CIBP @ 9436' and placing five sacks of cement on top. Test casing for leaks and repair same. Isolate the Delaware formation by cementing. Recomplete well in Delaware.

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 [Signature] TITLE Regulatory & Permitting DATE April 12, 1990
(214)
TYPE OR PRINT NAME TELEPHONE NO. 978-8445

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 20 1990