Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
n/a

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
n/a

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
M. L. Goins

2. Name of Operator
Kern Co.

8. Well No.
4

3. Address of Operator
3005 North Big Spring St., Midland, Texas 79705

9. Pool name or Wildcat
~~Blinebry~~ Undesig San Andres

4. Well Location
Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line

Section 7 Township 21S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
5465 PB	San Andres	P.U.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3495 GL	Blanket	n/a	Nov., 1989

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	23.00	1312'	900	circ.
7 7/8	4 1/2	10.50	6974'	2300	circ.

TOH w/rods, pmp, tbg
RIH w/4 1/2 CIBP and set @ 5500'. Dump 4sx (35'+) cmt on top. (Plug Blinebry perfs 5520'-5819')
Perforate San Andres 4134-4151 w/8 jet shots.
Test plug and casing to 3000#.
Acidize San Andres perforations.
Swab back load.
RIH w/tbg pump and rods.
Return well to production.

To plug Blinebry zone & recomplete well in San Andres zone.

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 _____ TITLE Fieldman DATE 10-18-89

TYPE OR PRINT NAME Michael L. Wiberg TELEPHONE NO. (915) 683-4832

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE OCT 23 1989

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless ~~Drilling~~ Underway.
workover