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) 30-025-27439

5. Indicate Type of Lease STATE [ ] FEE [X]

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 [X]

b. Type of Well:
OIL WELL [X] 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, Midland, Texas 79705

9. Pool name or Wildcat: Penrose Skelly & Grayburg

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.
4075	Grayburg	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	April, 1990

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.

Set 4 1/2" CIBP at 4110' and dump 4 sx (35'+) cmt on top. (Plug San Andres perfs 4134-51).

Test CIBP & Casing to 3000# and spot acid over proposed interval.

Perforate Grayburg " /13 jet shots from 3763-3861.

Swab back load.

Run production string.

Test.

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 3-26-90

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

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE MAR 28 1990

CONDITIONS OF APPROVAL, IF ANY: