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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Gulf Hill	
9. Well No.	
5	
10. Field and Pool, or Wildcat	
Wantz Abo	
12. County	
Lea	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/>	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
b. Type of Well	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	
Blanco Engineering, Inc.	
3. Address of Operator	
116 North First, Artesia, New Mexico 88210	
4. Location of Well	
UNIT LETTER S	LOCATED 1650 FEET FROM THE South LINE
AND 2310' FEET FROM THE West	LINE OF SEC. 4 TWP. 21S RGE. 37E

19. Proposed Depth		19A. Formation		20. Rotary or C.T.	
7450		Wantz Abo		Rotary	
21B. Drilling Contractor		22. Approx. Date Work will start			
Not Available		Nov. 1, 1985			
21A. Kind & Status Plug. Bond		21. Elevations (Show whether DF, KT, etc.)			
Single Well		3473.9 FR			

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	24#	1200	700	Circulate
7 7/8	5 1/2	15.5# & 17#	7450	1400	Circulate

Blanco Engineering, Inc., Operator for Joe Fenn, Inc., plans to drill a 12 1/4" hole to approximately 1200', run and cement 8 5/8" casing. After testing casing drill a 7 7/8" hole to 7450', run and cement 5 1/2" casing after logging and evaluation. Test formations - Blinebry Drinkard, Tubb and Abo.

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

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.

Signed Paul White Title President Date 10/17/85

(ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR)

OCT 24 1985

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
OCT 23 1985  
O.C.D.  
HOBBS OFFICE