

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

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-025-30555

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-935

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

New Mexico "G" State

2. Name of Operator

Exxon Corporation

8. Well No.

21

3. Address of Operator

P.O. Box 1600 Midland TX 79702

9. Pool name or Wildcat

See Below

4. Well Location

Unit Letter C : 330 Feet From The North Line and 1790 Feet From The West Line

Section 23 Township 21-S Range 36-E NMPM Lea County

10. Proposed Depth

4300

11. Formation

See Below

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3548.3 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

3-15-89

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	24	1500	470 sxs CLC	Surf
7 1/8	5 1/2	14	4200	230 sxs CLC	2500

BOPs: 8 5/8"/Spool-Annular/2000 psi. (Additional preventers may be added and/or preventers with higher pressure ratings may be substituted depending on equipment provided by drilling contractor.)

Casing: Substitutions regarding weight and grade might be required due to availability.

Pool and Formation: Eumont-Yates Seven Rivers Queen
Eunice Monument (G-SA)

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 Charlotte Harper TITLE Permits Supervisor DATE 2-9-89

TYPE OR PRINT NAME Charlotte Harper (915) 688-7548 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 13 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.