Submit to Appropriate District Office State Lease 6 copies Fee Lease 5 copies		State of New Me	sources Department	Form C-101 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM	1 88240	OIL CONSERVATION DIVISION P.O. Box 2088		API NO. (assigned by OC 3(1 - 1) 7		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			<u>30-025-306/9</u> 5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec	c, NM 87410	6. State Oil & Gas Lease No. B-1889				
APPLICAT	ION FOR PERMIT					
1a. Type of Work:		7. Lease Name or Unit Agreement Name				
DRILL V RE-ENTER DEEPEN PLUG BACK						
b. Type of Well: OIL GAS WELL WELL	OTHER	SINOLE ZONE	X ZONE	State "E" Con	m	
2. Name of Operator Doyle Harts	man	8. Well No. 4				
3. Address of Operator Post Offic	e Box 10426, Mi	9. Pool name or Wildcat Eumont (Gas)				
4. Well Location Unit Letter 0	: <u>990</u> Feet F	From The South	Line and196	0 Feet From The	East Line	
Section 1	6 Town	ship 21-S Rar	аде 36-Е	NMPM Lea	County	
10. Proposed Depth 11. Formation 12. Rotary or C.T.						
		3800		tes-7 Riv-Queen	12. Rotary or C.T. Rotary	
13. Elevations (Show whethe 3616.3 G. L.	r DF, RT, GR, eic.)	14. Kind & Status Plug. Bond Multi-Approved	15. Drilling Contracto To Be Chose	r 16. Approx.	Date Work will start	
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	9 5/8	36	400	350 sx	Surface	
8 3/4		23	3800	600 sx	Surface	
L	- <u>Walna</u>	1			l	

Before drilling out from under surface pipe, the well will be equipped with a 3000 psi 10-inch series 900 double ram hydraulic BOP.

At this time it is our plan to market the gas produced from the State "E" Com No. 4 well under short-term market sensitive sales arrangements with the gas to be gathered and processed through NNG's Lea County gathering and processing system.

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.

	mation above is true and complete to the best of my knowledge			
SIGNATURE Mich	elle usidront	Administrative Assistant	DATE May 9, 1989	
TYPE OR PRINT NAME	Michelle Wilcox		TELEPHONE NO. 915-684-401	
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		JUN := 6 1989	
APPROVED BY	<u> </u>	_ TITLE		
CONDITIONS OF APPROVAL	, IF ANY:			
		Permit Expires 6 Months From Approval		

Date Unless Drilling Underway.

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MAY 1 2 1989

Gros Hobas **Spige**