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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL	CONSER	VATTO	N DIV	ICION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-09314			
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210	Samuel C, INCW MICKICO	87304-2088	5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Azte	ec, NM 87410	STATE X FEE 6. State Oil & Gas Lease No.					
APPLICA	TION FOR PERMIT						
la. Type of Work:		7. Lease Name or Unit Agreement Name					
DRIL b. Type of Well:	L RE-ENTE		5				
OIL GAS WELL [OTHER	State A A/C 1					
2. Name of Operator		-		8. Well No.			
3. Address of Operator	ssen Operating,	Inc.		68			
-	770 Code - 0700	9. Pool name or Wildcat					
4. Well Location	ve, suite 2700	, Midland, Texas	79075	Jalmat Tns1-Yts	s-7R		
Unit Letter A: 990 Feet From The North Line and 990 Feet From The East Line							
Section 11 Township 23 S Range 36 E NMPM Lea County							
		10. Proposed Depth					
		PBTD 3610	11. F	ormation	12. Rotary or C.T.		
13. Elevations (Show whether DF, RT, GR, etc.)		14. Kind & Status Plug. Bond	15. Drilling Contractor	Yates 16 Amor 1	Date Work will start		
		Current State Wide	_				
17. PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	OUTE OF GAOING	145104	OFTENO DEDTIL	SACKE OF CEMENT	EST. TOP		
	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	E31. TOP		
	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	ES1. 10P		
	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	ES1. 10P		
	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP		
	SIZE OF CASING	Proposed Op		SACKS OF CEMENT	EST. TOP		
1) Set CIB		Proposed Op		SACKS OF CEMENT	EST. TOP		
	? above existing Se Yates 3000 t	Proposed Op		SACKS OF CEMENT	EST. TOP		

- 4) Frac.
- 5) POP.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO IZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE 2	ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.	
SIGNATURE Mona Slopkins	mmæ Engineering Secretary	DATE7/23/90
TYPEOR PRINT NAME Nona Hopkins		TELEPHONE NO. 915-687-1664
(This space for State Use)		430
APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

(an all pie 1 9/12/91

Permit Expires & Months From Approval