State of New Mexico

Submit to Appropriate District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

CONDITIONS OF APPROVAL, IF ANY:

## Energy, Mine s and Natural Resoures Department

Form C 101 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088 API NO. (assigned by OCD on New Wells) DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2088 3002509961 5. Indicate Type of Lease DISTRICT II STATE X P.O. Drawer DD, Artesia, NM 88210 FEE L DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B - 934APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 7. Lease Name or Unit Agreement Name la. Type of Work: PLUG BACK X RE-ENTER DEEPEN NEW MEXICO S STATE DRILL 1b. Type of Well: SINGLE X GAS X MULTIPLE [ WELL L ZONE ZONE 8. Well No. 2. Name of Operator **EXXON CORPORATION** 12 ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210 9. Pool name or Wildcat 3. Address of Operator TUBB OIL & GAS 4. Well Location : 660 Feet From The Line and 770 Feet From The \_\_\_ EAST NORTH Township 22S Range 37E **NMPM** LEA County Section 2 11. Formation 12. Rotary or C.T. 10. Proposed Depth 6300 TUBB 15. Drilling Contractor 16. Approx. Date Work will start 14. Kind & Status Plug. Bond 13. Elevations (Show whether DF, RT, GR, etc.) 12/29/98 **BLANKET** 3370 DF 17. PROPOSED CASING AND CEMENT PROGRAM SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF CEMENT EST. TOP SIZE OF HOLE AMEND PRIOR ATTACHED SUNDRY NOTICE AS STATED BELOW: MIRU WELL SERVICE UNIT DRILL OUT, CLEAN OUT CEMENT TO 6,180' DUMP CEMENT TO 6,100' (EXISTING CIBP TESTED TO 1000# FOR 30 MINUTES) PERF THE TUBB FORMATION AT ABOUT 5906 TO 5970, 5988 TO 6016, 6036 TO 6060, 6072 TO 6100'. FRACTURE STIMULATE THE TUBB FORMATION PRODUCE TUBB THRU 2 7/8" TUBING WITH PACKER SET AT ABOUT 5900' PUT WELL ON AS A PRODUCER. 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. TITLE Sr. Regulatory Specialist \_\_ DATE 12/29/98 J. R. (713) 431-1024 TELEPHONE NO. Ward TYPE OR PRINT NAME (This space for State Use) ORIGINAL SKINED BY CHRIS WILLIAMS TITLE .

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