State of New Mexico

Energy, Namals and Natural Resources Department

Form C 10i Revised 1-1-89

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

OIL	CONSER	VATION	DIVISION
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PARTORET É		P.O. Box 2088		ĪĀ	PI NO. (25	signed by OCD	on New Wells	s)	
P.O. Box 1980, Hobbs, NM 88240	Fe, New Mexico 8	7504-2088			509961				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	5.	5. Indicate Type of Lease STATE X FEE							
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	6	6. State Oil & Gas Lease No. B-934							
APPLICATION FOR PI	ERMIT TO		Mario						
a. Type of Work:				_ 7	. Lease Nu	ne or Unit Agr	ement Name		
DRILL	RE-ENTER		PLUG BAC	1	NEM MEX	KICO S STATE			
OIL GAS WELL OIL Name of Operator	HER X REC	OMPLETE SINGLE X	ZONE		Well No.				
EXXON		12							
I. Address of Operator ATTN: P. O. HOUST	REGULATED 435 BOX 435 ON, TX	ORY AFFAIRS 77210		9.		e or Wildcat			
i. Well Location Unit Letter A : 66			Line and	770_	Feet F	rom The	EAST	Line	
Section 2	Township		 : 37E	N	иРМ	LEA		County	
The second of th	Or amount of the contract of t	and the second s			معيستولامها مهادي بالداشان		majerani demokratik de 1900 e je j		
		10. Proposed Depth 6300		11. For			. Rotary or C.	Т.	
13. Elevations (Show whether DF,RT 3370 DF	(GR,etc.) 14.	Kind & Status Plug. Bond BLANKET	15. Drilling	Contracto	भ	16. Approx. I 09/30	ate Work will 198	start	
17.	PROI	POSED CASING AN	CEMENT	PROG	RAM				
SIZE OF HOLE SIZE (OF CASING	WEIGHT PER FOOT	SETTING I	DEPTH	SACKS (OF CEMENT	EST. T	OP	
CEMENT SQUEEZE THE BLINEBRY PERFORATIONS: ABOUT 5450 TO 5862 DRILL OUT, CLEAN OUT CEMENT AND WELLBORE TO 6250 SET CIBP @ ABOUT 6300 WITH 35 OF CEMENT ON TOP TEST PLUG TO 500 PERFORATE THE TUBB FORAMTION @ 1 SPF: ABOUT 5906 TO 5978, 5988 TO 6016, 6036 TO 6060, 6072 TO 6120, 6132 TO 6170, 6176 TO 6200, 6210 TO 6245 FRACTURE STIMULATE THE TUBB FORMATION PUT WELL ON AS A GAS 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 caretly that the information, along is trye and complete to the best of my knowledge and belief.									
SIGNATURE	aid		тпъв <u>SP. I</u>	lecula to	ry Speci	elist r	ATE 08/0	<u>5/98</u>	
TYPE OR PRINT NAME J. R.	Ward			(7	13) 43	31-1024	ELEPHONE NO.		
(This space for State Use)									
	NED BY CH CT I SUPER	RIS WILLIAMS RVISOR	TITLE			1	BTAC	<u> 06</u> 1998	
CONDITIONS OF APPROVAL, IF ANY:			[*or:	mit Exp Davin U	nless	Year From Whing Uni	THE TANK		