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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. State Oil & Gas Lease No.
c. Name of Operator Exxon Corporation	7. Unit Agreement Name
d. Address of Operator Box 1600, Midland, TX 79701	8. Farm or Lease Name N. G. Penrose
e. Location of Well UNIT LETTER <u>H</u> LOCATED <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1,980</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>13</u> TWP. <u>22-S</u> RGE. <u>37-E</u> NMPM	9. Well No. <u>2</u>
	10. Field and Pool, or Wildcat Blinebry & Tubb
	12. County Lea
21. Elevations (Show whether DL, RT, etc.) <u>3,329 GR</u>	19. Proposed Depth <u>7,100'</u>
21A. Kind & Status Plug. Bond Blanket on File	19A. Formation Blinebry & Tubb
21B. Drilling Contractor Unknown	20. Rotary or C.T. Workover
	22. Approx. Date Work will start May 10, 1976

23. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	10-3/4"	32.75	389.76	400	Circ. to surface
9-3/8"	7-5/8"	26.4	3103.10	1562	Circ. to surface
6-3/4"	5-1/2"	15.5 & 17.0	7100.00	340	2,955

Blowout preventer will be Sheaffer 39, Manual, Double Ram BOP w/3000# working pressure.

This well is presently completed in the Tubb Gas Pool through perforations 6,094'-6,135'. It is proposed to perforate the Blinebry at approximately 5,560' and dual with the existing Tubb. Well No. 1 is presently completed in the Blinebry Pool and after completion, Well No. 2 will share an allowable with Well No. 1.

Acreage is dedicated to a gas purchaser.

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.

Signed Melba Knippling Title Proration Specialist Date May 3, 1976
 (This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 1 1976

U.S. CONSERVATION COMM.
HOBBBS, H. M.