

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

c-102
Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.
E-6143

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well
OIL WELL ☒ GAS WELL ☐ OTHER ☐

SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name

State BD-36

9. Well No.

1

10. Field and Pool, or Wildcat

Wildcat

2. Name of Operator
HIGHLAND PRODUCTION COMPANY

3. Address of Operator
P. O. Box 6326, Odessa, TX 79767-6326

4. Location of Well
UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE

AND 1980 FEET FROM THE East LINE OF SEC. 36 TWP. 22-S RGE. R-37-E NMPM

12. County
Lea

11. Elevations (show whether DF, RT, etc.) 3306	21A. Kind & Status Plug. Bond Blanket	19. Proposed Depth 5025	19A. Formation Paddock	20. Rotary or C.T. Pulling Unit
		21B. Drilling Contractor Gene Well Service	22. Approx. Date Work will start 5-23-85	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/4	13 3/8		223	225	Circulated
12 1/4	8 5/8		2854	2000	Circulated
7 7/8	5 1/2		6978	475	3990

1. Rig up. Pull tubing
2. Run 5 1/2 packer on tubing set at 5400' - test 8 5/8 csg. Drop standing valve, test tubing.
3. Pull out hole
4. Perforate 5110-5115'
5. Run tubing and packer in hole. Set packer at 4950. Acidize with 500 gal 15% acid.
6. Swab test well.
4. Turn well into tanks.

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 [Signature] Title President Date 5-21-85

(This space for State Use)

DISTRICT 1 SUPERVISOR

MAY 24 1985

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 23 1985

C.D.
HOBBS OFFICE