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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Revised 1-1-89

API NO. (assigned by OCD on New Wells)

P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30 025 10718	10715
				5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azza	ec, NM 87410			6. State Oil & Gas Lease	
APPLICA	TION FOR PERMIT	TO DRILL, DEEPEN,	OR PLUG BACK		
la. Type of Work:		7. Lease Name or Unit A	7. Lease Name or Unit Agreement Name		
b. Type of Well:		DEEPEN	PLUG BACK X		
OIL GAS WELL	X OTHER	State A A/C 1			
2. Name of Operator		8. Well No.			
	liams, Jr., Inc	78			
3. Address of Operator		9. Pool name or Wildcat			
Six Desta Driv	re, Suite 3000	Jalmat Tansill Yates 7 Rvrs			
4. Well Location Unit Letter	G : 1980 Feet F	rom The North	Line and 19	Feet From The	East Line
Section 14	Towns	thip 23S Ra	nge 36E	NMPM Lea	County
<i>{////////////////////////////////////</i>				Formation	12. Rotary or C.T.
		///// PB to ±	3400'	Yates	N/A
13. Elevations (Show whether	er DF, RT, GR, etc.)	4. Kind & Status Plug. Bond	15. Drilling Contract	. 41	Date Work will start
$\frac{GR = 3400'}{17}$			N/A	Upon Ap	proval (OCt/Nov
	PR	OPOSED CASING AN	ND CEMENT PROC	IRAM	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12"	9-5/8"	32.3#	333	300	Surface
8-3/4"	7"	20#	3595	250	1925'
A . A .					

Current Status - TA'd in the Langlie Mattix Seven Rivers Queen GB

Proposed Operation

- 1) Set CIBP @ ± 3400'. Dump bail cement on CIBP.
- Test casing and repair as necessary.
- 3) Perf Yates Formation.
- 4) Acidize
- 5) Frac
- 6) Put on pump

o, rae on pamp.	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PIZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	JUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is thus and complete to the best of my knowledge and belief.	
SIGNATURE TITLE	Production Engineer DATE 10/12/92
TYPEOR PRINT NAME David G. Grafe	TELEPHONE NO. 682-6324
(This space for State Use)	
APPROVED BY	OCT 1 5 '92
CONDITIONS OF APPROVAL, IF ANY:	