NO. OF COPIES RECEIVED							27	12	
DISTRIBUTION		NEW MEXICO	OIL CONS	ERVATION CO	MISSION		Form C-10		
SANTA FE							Revised 1	-1-65	
FILE								ate Type of L	_ease
U.S.G.S.								E X	FEE
LAND OFFICE							.5. State (011 & Gas Lea	ase No.
OPERATOR							B-	934	
								///////	
APPLICATIO	N FOR PER	MIT TO DRILL,	DEEPEN	, OR PLUG B	ACK				
1a. Type of Work			÷		<u> </u>		7. Unit A	greement Nar	ne
DRILL	1	DEEPEN			PLUG B				
b. Type of Well]	DEEFEN						or Lease Nam	
OIL GAS WELL				SINGLE	MULT	IPLE X	New	Mexico "	'S" State
2. Name of Operator							9. Well N	Io.	
Exxon Corp	oration				,			28	
3. Address of Operator	· · · · · · · · · · · · · · · · ·						10. Field	i and Pool, or	Wash & Dr
Box 1600, I	Midland, I	exas 79701							
4. Location of Well	P	LOCATED	2160	FEET FROM THE	North	LI	ve (())		
	EN			. –					
AND 1800 FEET FROM	THE West	LINE OF SEC.	2	TWP. 22-S	RGE. 37	E NMP		IIIIII	<i>1111111</i> 1
						/////	12. Coun		
						./////	Lea		
/////////////////////////////////////	mmn	i i i i i i i i i i i i i i i i i i i	IIIII	<u>(()()()()</u>	IIIII	\overline{M}			
			//////		//////	/////			
************	*******	HHHHHH	ttttth	19. Proposed De	epth 1	9A. Formo	tion	20. Roto	TY or C.T.
				8000		Dr	e Wash & inkard	* Rota	ary
21. Elevations (Show whether D	F, RT, etc.)	21A. Kind & Status I	Plug. Bond	21B. Drilling Co	ontractor			prox. Date Wa	
To be file	1	Blanket or	file	Unknown			Apri	1 26, 19	976
23.				<u>. </u>					

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SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13-3/4"	10-3/4"	40.5#	1200'	700	Circ. to surface
8-3/4"	7"	23 & 26#	80001	1000	1200*
	1	1	1	ł	8

*circulate back into surface casing @ 1200' to protect from corrosive water.

Howco method of cementing to be used. A diagrammatic sketch and specifications of Blowout Preventer equipment is attached.

Mud Program:	0	-	1,200'	Freshwater or Spud mud
•	1,200'	-	6,000'	10# Brine Water mud
	6,000'	-	T.D.	10.0# - 10.2# Brine Water mud

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE 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.

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Signed C. L. Kissel	Proration Specialist	Date 4-13-76
(This space for State Use)		
CONDITIONS OF APPROVAL, IF ANY:		