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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

SECOND AMENDED

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-934	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name New Mexico "S" State	
2. Name of Operator EXXON CORPORATION		9. Well No. 30	
3. Address of Operator P. O. BOX 1600, MIDLAND, TEXAS 79701		10. Field and Pool, or Wildcat Drinkard & Wantz - Granite Wash	
4. Location of Well UNIT LETTER I LOCATED 2160 FEET FROM THE South LINE AND 690 FEET FROM THE East LINE OF SEC. 2 TWP. 22-S RGE. 2 37-E NMPM		12. County Lea	
19. Proposed Depth 8,000'		19A. Formation Granite Drinkard & Wash	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DR, RT, etc.) To be filed later	
21A. Kind & Status Plug. Bond Blanket on file		21B. Drilling Contractor Warton Drilling Co.	
22. Approx. Date Work will start Drilling			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13-3/4"	10-3/4"	40.5#	1,200'	700	Circ. to surface
8-3/4"	7"	23 & 26#	8,000'	1740	1200'±

* Circulate back into surface casing @ 1,200' 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' Fresh Water or Spud Mud
1,200 - 6,000' 10# Brine Water Mud
6,000 - T.D. 10.0# - 10.2# Brine Water Mud

This second amended Form C-101 is to change Pool Name from Wantz Abo to Wantz - Granite Wash and proposed depth from 7,300' to 8,000'.

APPROVAL VALID
FOR 90 DAYS UNLESS
DURING COMMENCED,

EXPIRES

11-15-76

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 9-14-76

(This space for State Use)

SUPERVISOR DISTRICT I

SEP 16 1976

APPROVED BY Jerry Sexton TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: