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DISTRIBUTION NEW MEXICO OUL CONSERVATION COMMISSION			N F	form C-101			
ANTA FE			F	levised 1-1-65			
FILE				5A. indicate T STATE X			
U.S.G.S.							
LAND OFFICE	·			.5. State Oil & Gas Lease No. B-934			
OPERATOR				B-934	mmmmm		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK				7. Unit Agreement Name			
1a. Type of Work				7. onic Agree			
DRILL	DEEPEN	PLUG	BACK	8, Farm or Le	ase Name		
b. Type of Well			ZONE X		co "S" State		
OIL GAS WELL OTHER	<u>ع</u>	ZONE MU	ZONE LA	9. Well No.			
2. Name of Operator			30				
Exxon Corporation					10. Field and Pool, or Wildcat		
3. Address of Operator				Drinkard & Wantz Abo			
por 1600 Midland Texas 79/01					inninnin in the second s		
4. Location of Well UNIT LETTER I	Cation of Well UNIT LETTER I LOCATED 2160 FEET FROM THE South		LINE				
		TWP. 22-5 RGE. 37					
AND 690 FEET FROM THE EAS	t LINE OF SEC. 2	TWP, ZZ=D RGE. SV	iiiiiii	12. County			
				Lea			
	***********	*********	+++++++++++++++++++++++++++++++++++++++	tunut			
				HHHH			
	******	19. Proposed Depth	19A. Formatio	n	20. Rotary or C.T.		
		7,300'	Drinkard	& Abo	Rotary		
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx.	Date Work will start		
To be filed later	Blanket on file	Warton Drilling Co. May 24, 1976		24, 1976			
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
<u> </u>	7"	23 & 26#	7,200'	1,200	1,200'*
0-5/_4					
			I	l	1

\* 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

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.

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I hereby certify that the information above is true and complete to the best of my knowledge and bellet. Signed Method Knipping Title Proration Specialist	DateMay 11, 1976
(This space for State Use)	DATE
APPROVED BY TITLE TITLE	