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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "S" State
9. Well No. 36
10. Field and Pool, or Wildcat Wantz Abo & Wantz-Granite Wash
12. County Lea
19. Proposed Depth 7,800
19A. Formation Abo & Granite Wash
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) To be filed later
21A. Kind & Status Plug. Bond Blanket on file
21B. Drilling Contractor Unknown
22. Approx. Date Work will start February 15, 1977

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/>	2. Name of Operator EXXON CORPORATION	3. Address of Operator P. O. BOX 1600, MIDLAND, TEXAS 79701	4. Location of Well UNIT LETTER B LOCATED 330 FEET FROM THE North LINE AND 1,810' FEET FROM THE East LINE OF SEC. 2 TWP. 22S RGE. 37E NMPM
23. PROPOSED CASING AND CEMENT PROGRAM			

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4" or 13-3/4"	9-5/8"	36 & 40#	1,200'	700	Circ to surface
8-3/4"	7"	23 & 26#	7,800'	1,740	1200*

*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' Fresh Water or Spud Mud
1,200' - 6,000' 10# Brine Water Mud
6,000' - T.D. 10.0 - 10.2 Brine Water Mud

APPROVAL VALID
FOR 90 DAYS UNLESS
WORKING COMMENCED

5-7-77

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 2-2-77

(This space for State Use)

APPROVED BY [Signature] TITLE SUPPLEMENTAL CONTRACT DATE FEB 7, 1977

CONDITIONS OF APPROVAL, IF ANY: