

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
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-30625

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B11301

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

New Mexico Z State

2. Name of Operator

Lewis B. Burleson, Inc.

8. Well No.

5

3. Address of Operator

P. O. Box 2479 Midland, Texas 79702

9. Pool name or Wildcat

Langlie Mattix SR-QN 6B

4. Well Location

Unit Letter B : 330 Feet From The North Line and 1750 Feet From The East Line

Section 2 Township 24 South Range 36 East NMPM Lea County

10. Proposed Depth

3750'

11. Formation

Queen

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3343.2' GR

14. Kind & Status Plug. Bond

Blanket on File

15. Drilling Contractor

Rod Ric

16. Approx. Date Work will start

7/1/89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4	8-5/8	23#	1300	750 sx	Surface
7-7/8	5-1/2	15.5#	3750	250 sx	Base salt

Cementing done by pump and plug method
We will test surface casing to 2000# before drilling out.

Mud program:

0 - 1300 FW
1300 - 2750 BW
2750 - T.D. Mud program (36 vis., 10 cc loss)

NOTE: Blowout Preventer Equipment: Shaffer 11" / 3000# type LWS Double
80 gallon, 300 psi, 4 valve air
& electric powered.

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.

SIGNATURE  TITLE Vice President

DATE 6/9/89

TYPE OR PRINT NAME Steven L. Burleson

915/ 683-

TELEPHONE NO. 4747

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 13 1989

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.