

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)
30-025-30458
5. Indicate Type of Lease
STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work:					
DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>					
b. Type of Well:					
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>					
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator					
Meridian Oil Inc.					
3. Address of Operator					
21 Desta Drive, Midland, Texas 79705					
4. Well Location					
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line					
Section 10 Township 25 South Range 34 East NMPM Lea County					
10. Proposed Depth					
15,027					
11. Formation					
Atoka					
12. Rotary or C.T.					
Rotary					
13. Elevations (Show whether DF, RT, GR, etc.)					
3342' GR					
14. Kind & Status Plug. Bond					
Blanket					
15. Drilling Contractor					
16. Approx. Date Work will start					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48	612'	650	Surface
12 1/4"	9 5/8"	36	5,186'	3300	Surface
8 3/4"	7	26	13,300'	1725	5150'
4 1/2" (Liner)			15,026'	320	

1. Pulled coiled tubing.
2. Set Schlumberger through tubing plug at 14,700'. Cap with 35' of cement.
3. Perforate Atoka formation 14,098' - 14,106', 4 SPF (32 Holes).
4. Acidize w/2000 gallons of 7 1/2" NEFe HCl acid.
5. Flow test.

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 Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 9/21/89

TYPE OR PRINT NAME ROBERT L. BRADSHAW TELEPHONE NO. 915/686-567

ORIGINAL SIGNED BY JERRY SEXTON
(This space for State Use) DISTRICT I SUPERVISOR

SEP 27 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

RECEIVED

SEP 22 1989

OCB
FEDERAL BUREAU OF INVESTIGATION