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Submit to Appropriate District Office State Lease – 6 copies	Energy,	State of New Mexico Energy, minerals and Natural Resources Department		Form C-101 Revised 1-1-89 API NO. (assigned by OCD on New Wells) 30-025-30653		
Santa Fe. New Mex		CONSERVATIO P.O. Box 208 Santa Fe, New Mexico	8			
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210	P_{f}	f_{i}		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azte		6. State Oil & Gas Lease No. B-229-1				
	TION FOR PERMIT	TO DRILL, DEEPEN, O	R PLUG BACK			
la. Type of Work:				7. Lease Name or Unit A	Agreement Name	
DRIL. b. Type of Well:	L X RE-ENTER	DEEPEN	PLUG BACK			
WELL WELL	OTHER	SINGLE ZONE		Arnott Ram	as∉y "NCT-B"	
. Name of Operator		8. Well No.				
Doyle Hartman		13				
Address of Operator	10/06 11	9. Pool name or Wildcat				
FOSE OFFICE BC	ox 10426, Midlar	Jalmat (Gas)				
I. Well Location Unit Letter	0 : 990 Feet F	rom The South	Line and 198	80 Feet From The	East Line	
Section 32	Towns	ship 25-S Ran	ge 37-E	NMPM Lea	County	
		10. Proposed Depth 3170'	11.	Formation Yates	12. Rotary or C.T. Rotary	
3. Elevations (Show wheth	er DF, RT, GR, etc.)	4. Kind & Status Plug. Bond	15. Drilling Contracto	r 16. Approx.	Date Work will start	
2992.4 G.L.		ulti-Approved	To be name	1	ber 1, 1989	
1.	PR	IOPOSED CASING AN	D CEMENT PROG	RAM		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP	
12-1/4	9-5/8	36 LTC	400	300 sx	Circulate Surfa	
8-3/4	7	23 LTC	3170	750 sx	Circulate Surfac	
Before drillin series-900 dou	ng out from unde ble-ram hydraul	er surface pipe, w ic BOP.	vell will be ea	-l quipped with a 3	000-psi 10-inch	

At this time, it is our plan to market the gas produced from the Arnott Ramsey "NCT-B" No. 13 well under short-term market-sensitive sales arrangements with the gas to be gathered and processed through NNG's Lea County gathering and processing system.

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.

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SKONATURE	I'm Wilconf	mue Administrative Assistant	_ date <u>8-16-89</u>
TYPE OR PRINT NAME	Michelle Wilcox		TELEPHONE NO. 915/684-4011

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR

____ TITLE

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

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Permit Expires 6 Months From Approval Date Unless Drilling Underway.

AUG 1 8 1989