## 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

DISTRICT I P.O. Box 1980, Hobbs, NM DISTRICT II P.O. Drawer DD, Artesia, N DISTRICT III 1000 Rio Brazos Rd., Azzeo	[ 88240 Sa NM 88210	P.O. Box 208 anta Fe, New Mexico	8	6. State Oil & Gas Lease	3001  rate		
	ION FOR PERMIT T						
la. Type of Work:		-		7. Lease Name or Unit A	greement Name		
DRILL b. Type of Well: OIL GAS WELL X WELL	. X RE-ENTER	Scharbauer "4"					
2. Name of Operator		8. Well No.					
Mitchell Ene	ergy Corporation	2	<u>.                                    </u>				
3. Address of Operator P.O. Box 400	00 The Woodla	9. Pool name or Wildcat West Teas (Yate	es/Seven Rivers)				
4. Well Location Unit Letter 0: 330 Feet From The South Line and 2,055 Feet From The East Line							
Section	4 Towns	nip 20S Rar	ige 33E 1	NMPM	Lea County		
		10. Proposed Depth	[	committee	12. Rotary or C.T.		
		3,8		es/Seven Rivers	Rotary		
13. Elevations (Show whether DF, RT, GR, etc.) 3555 GR		4. Kind & Status Plug. Bond Blanket on File 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		
12-1/4"	K, 8-5/8"	24#	550'	Premium	Surface		
7-7/8*	K, 4-1/2"	10.5#	TD	Premium	Surface		

Mitchell proposes to drill to a depth sufficient to test the Yates/Seven Rivers formation for oil. If p a a

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. QIVE 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	CONDITIONS OF APPROVAL, IF ANY:					
Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Reg. Affairs Specialist  TYPE OR PRINT NAME George Mullen  Orig. Signed by Paul Kautz  OFP 08 1993			TILE _			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKONATURE	(This space for State Use)	Paul Kautz			SEP 08 1993	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  Peg. Affairs Specialist 9-01-93	TYPE OR PRINT NAME GE	eorge Mullen			TELEPHONE NO. 713/377-5855	
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	e / Mullis	mle _	Reg. Affairs Specialist	DATE	
	I hereby certify that the information above	e is true and complete to the best of my knowl				
	ZONE. GIVE BLOWOUT PREVENTER PRO	SRAM, IF ANY.	edge and belie	<u>.</u>		
productive, 4½" casing will be cemented at TD. If non-productive, the well will be plugged and	いしいれんれいせん しゅうけん					