District I

1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

District II

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720

District III 1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101 Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

JUN 0.5 2019 MAMENDED REPORT

1220 South St. Francis Dr.

DISTRICT II-ARTESIA O.C.D.

Santa Fe, NM 87505

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE OGRID Number Operator Name and Address 328666 Tamaroa Operating, LLC 30-005-64332 API Number * Property Code 325412 Property Name Spitfire 7. Surface Location E/W Line Feet from N/S Line Range Lot Idn Feet From County UL - Lot Section Township 330 1650 Chaves 28E **8**S w Ν * Proposed Bottom Hole Location E/W Line UL - Lot Township Lot Idn Feet from N/S Line Feet From County Section Range Chaves 2 88 C 28E N 1336 W 100 9. Pool Information Pool Code Pool Name 61570 Twin Lakes, San Andres Additional Well Information 11. Work Type 12. Well Type 13. Cable/Rotary 14. Lease Type 15. Ground Level Elevation 4025' N Fee Rotary 17. Proposed Depth 18. Formation 19. Contractor 16. Multiple 20. Spud Date 2550 TVD/7114 MD San Andres United June 14, 2019 Depth to Ground water Distance from nearest fresh water well Distance to nearest surface water 3/4 Mile >1 mile X We will be using a closed-loop system in lieu of lined pits 21. Proposed Casing and Cement Program Casing Size Casing Weight/ft Setting Depth Sacks of Cement Estimated TOC Type Hole Size 450 400 Surface Surface 17 1/2" 13 3/8" 48 Intermediate 12 1/4" 8 5/8" 24 1650 950 Surface 7 7/8 Production Surface 5 1/2 7114 MD/2550 TVD 800 17 Casing/Cement Program: Additional Comments 22. Proposed Blowout Prevention Program Working Pressure Test Pressure Manufacturer Type 5000 1200 cameron Double Ram 23. I hereby certify that the information given above is true and complete to the

OIL CONSERVATION DIVISION best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC and/or Approved By: 19.15.14.9 (B) NMAC □, if applicable. Signature: Phelps White Title: Printed name: Approved Date 4-23-21

**Date originally permitted.

Conditions of Approval Attached

Provide GAS CAPture Plan. Consultant Title: pwiv@zianet.com E-mail Address: 575 626 7660 6/4/19 Phone: Date: