SUBMIT IN TRIPLICATE*

(Other instructions on

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM 01614 IF INDIAN, ALLOTTED OR TRIBE NAME APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 1a. TYPE OF WORK 7. UNIT AGREEMENT NAME DRILL DEEPEN PLUG BACK Web your b. TYPE OF WELL MULTIPLE XX WELL X SINGLE WELL 8. FARM OR LEASE NAME Thompson 2. NAME OF OPERATOR 9. WELL NO. Aztec Oil and Gas Company 3. ADDRESS OF OPERATOR 10, FIELD AND POOL, OR WILDCAT Drawer 570, Farmington, New Mexico
4. Location of Well (Report location clearly and in accordance with any State requirements.*) Dakota - Mesaverde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 990 FSL & 1110 FWL, Sec. 34-31N-12W Sec. 34-31N-12W 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE 12. COUNTY OR PARISH San Juan New Mexico 15. DISTANCE FROM PROPOSED®
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig, unit line, if any) 16. NO. OF ACRES IN LEASE 17. NO. OF ACRES ASSIGNED TO THIS WELL 320 4 4 ... 320 19. PROPOSED DEPTH 20. ROTARY OR CABLE TOOLS 18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 7090 rotary 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 22. APPROX. DATE WORK WILL START® - -6016 GL 23. PROPOSED CASING AND CEMENTING PROGRAM QUANTITY OF CEMENT SETTING DEPTH SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT 7-7/8 4+ 7090 Propose to: Pull 2-3/8" tubing Re-frac Dakota formation U. S. GEOLOGICAL SU Set Bridge Plug above Dakota Perforate approximately 4700' 2 SPF & block squeeze Point Lookout formation Perforate and frac Point Lookout Formation Run Baker Model D Packer approximately 100' above Dako Run $1\frac{1}{2}$ " tubing Complete as a dual Mesaverde-Dakota 3 IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive so zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true preventer program, if any. TURLE District Superintendent SIGNE (This space for Federal or State office use) PERMIT NO. DATE APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: