Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-23215

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. VA-658

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
Holt "A" State [redacted] #1

2. Name of Operator
Manticore Resources

8. Well No.
1

3. Address of Operator
200 N. Loraine, St. 1230 Midland TX 79702

9. Pool name or Wildcat
[redacted] East Lane Abo

4. Well Location
Unit Letter O : 1980' Feet From The East Line and 720' Feet From The South Line

Section 4 Township 10 Range 34 NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
9200'	Abo	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
4228 GR	[redacted] Bond		ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	12 3/4"	38#	360'	350 sxs Class "C"	Circ
11 1/4"	8 5/8"	24 & 32#	4069'	500 sxs Class "C"	2800'
7 7/8"	5 1/2"	17#	10,000'	350 sxs Class "H"	8200'

Operator proposes to re-enter the above well to test the Abo formation. The 8 5/8" csg will be tied together @ 1102' and the hole cleaned out to the top of 5 1/2" csg. The 5 1/2" csg will be spliced together and the Abo will be tested for commercial production. Stimulation will be done as neccessary for commercial production rates.

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 Mike Bell TITLE Operations Manager DATE 11/3/92

TYPE OR PRINT NAME Mike Bell TELEPHONE NO.

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

APPROVED BY _____ TITLE _____ DATE JAN 29 1993

CONDITIONS OF APPROVAL, IF ANY: