

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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells) 30-025-31348
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Lease Name or Unit Agreement Name GOOD TEXIAN			
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Well No. 1			
2. Name of Operator THE EASTLAND OIL COMPANY		9. Pool name or Wildcat East WILDCAT Caprock Devonian			
3. Address of Operator P. O. DRAWER 3488, MIDLAND, TX 79702					
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>26</u> Township <u>T-12-S</u> Range <u>-32-E</u> NMPM LEA County					
10. Proposed Depth 11,500		11. Formation DEVONIAN	12. Rotary or C.T. ROTARY		
13. Elevations (Show whether DF, RT, GR, etc.) 4320.3 GR	14. Kind & Status Plug. Bond BLANKET	15. Drilling Contractor NORTON DRILLING CO.	16. Approx. Date Work will start 8-15-91		
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48	450	450	CIRCULATE
11	8-5/8	24-32	3700	1400	CIRCULATE
7-5/8	5-1/2	15.5-17	11500	900	7200

SHAFFER 11" 5000 LB. WP W/H₂S TRIM WILL BE USED.

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 Travis Reed TITLE PRODUCTION SUPERINTENDENT DATE 08/06/91

TYPE OR PRINT NAME TRAVIS REED

TELEPHONE NO. 915/683-6293

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.