

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-8161 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 Rd., Aztec, NM 87410
Phone:(505) 334-8178 Fax:(505) 334-8170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3482

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 231018

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address BLACK MOUNTAIN OPERATING LLC 500 Main Street Fort Worth, TX 76102		2. OGRID Number 371127
4. Property Code 316287		3. API Number 30-015-44049
5. Property Name CYPRESS		6. Well No. 002H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	9	23S	27E	M	715	S	190	W	Eddy

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	9	23S	27E	P	993	S	330	E	Eddy

9. Pool Information

CARLSBAD;BONE SPRING, SOUTH	9670
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Additional Well Information

11. Work Type New Well	12. Well Type GAS	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3146
16. Multiple N	17. Proposed Depth 15200	18. Formation Bone Spring	19. Contractor	20. Spud Date 3/6/2017
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1725	1500	0
Int1	12.25	9.65	40	7300	1740	0
Prod	8.75	5.5	20	15200	1015	6800

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Ram	5000	5000	
Annular	3500	3500	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ , if applicable. Signature:	OIL CONSERVATION DIVISION
Printed Name: Electronically filed by Michael McCracken Title: COO Email Address: michael.mccracken@blackmtn.com Date: 1/23/2017	Approved By: Randolph Bayliss Title: District Supervisor Approved Date: 1/27/2017 Conditions of Approval Attached
Phone: 817-698-9901	Expiration Date: 1/27/2019

GENERAL INFORMATION		DATE OF BIRTH	
NAME		AGE	
SEX		RELIGION	
EDUCATION		OCCUPATION	
MARITAL STATUS		SPOUSE'S NAME	
ADDRESS		CITY	
STATE		COUNTRY	
ZIP CODE		TELEPHONE	
FINGERPRINTS		SIGNATURE	
STAMP		OFFICIAL SEAL	

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Form APD Comments

Permit 231018

PERMIT COMMENTS

Operator Name and Address: BLACK MOUNTAIN OPERATING LLC [371127] 500 Main Street Fort Worth, TX 76102	API Number: 30-015-44049
	Well: CYPRESS #002H

Created By	Comment	Comment Date
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Form APD Conditions

Permit 231018

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: BLACK MOUNTAIN OPERATING LLC [371127] 500 Main Street Fort Worth, TX 76102	API Number: 30-015-44049
	Well: CYPRESS #002H
OCD Reviewer	Condition