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NEW MEXICO OIL CONSERVATION COMMISSION

Hobbs Office O.C.C.
 May 13 9 27 AM '68
 Form 101
 Revised 1-65

| | |
|------------------------------|-------------------------------------|
| 1. Indicate Type of Lease | <input checked="" type="checkbox"/> |
| 2. State Oil & Gas Lease No. | |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | | |
|---|--|--|--|
| 1a. Type of Work | | 7. Unit Agreement Name | |
| b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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. Farm or Lease Name Opal | |
| 2. Name of Operator Stelts & Company - Clark | | 9. Well No. 1 | |
| 3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico | | 10. Field and Pool, or Wildcat Undes North Bagley | |
| 4. Location of Well UNIT LETTER D LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE OF SEC. 20 TWP. 11 S RGE. 33 E NMPM | | 12. County Lea | |
| 19. Proposed Depth 10,350 | | 19A. Formation Lower Penn | |
| 20. Rotary or C.T. Rotary | | 21. Elevations (Show whether DF, RT, etc.) 4305 GR | |
| 21A. Kind & Status Plug. Bond Blanket | | 21B. Drilling Contractor Moran Drilling Co. | |
| 22. Approx. Date Work will start 5/28/68 | | | |

23. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 16 | 13 3/8 | 48# | 300 | 200 | Circ. |
| 11 | 8 5/8 | 21# | 3750 | 200 | 2965 |
| 7 7/8 | 4 1/2 | 11.6# | 10350 | 350 | 8815 |

THE COMMISSION MUST BE NOTIFIED
 48 HOURS PRIOR TO START OF
 CASING

87368

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.

Signed H. L. Smith Title Agent Date 5/13/68

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: