

District I
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Phone: (575) 393-6161 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 Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

☐ AMENDED REPORT

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD
MAR 20 2018
RECEIVED

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

¹ Operator Name and Address MAMMOTH EXPLORATION, LLC. 200 N. LORRAINE ST., STE. 1100 MIDLAND, TX 79701		² OGRID Number 372233	
³ API Number 30-025-35422		⁶ Well No.	
⁴ Property Code 320488	⁵ Property Name MORTON UNIT	003	

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	32	14S	35E		800	S	660	E	LEA

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	32	14S	35E		800	S	660	E	LEA

⁹ Pool Information

Pool Name MORTON; PERMO UPPER PENN, NORTH	Pool Code 4-7350
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Additional Well Information

¹¹ Work Type P	¹² Well Type G	¹³ Cable/Rotary R	¹⁴ Lease Type S	¹⁵ Ground Level Elevation 4032
¹⁶ Multiple NO	¹⁷ Proposed Depth 14,160'	¹⁸ Formation PERMO PENN	¹⁹ Contractor NA	²⁰ Spud Date 2/27/2001
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

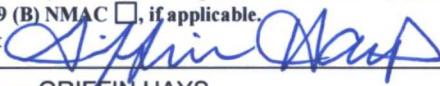


Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	14-1/2"	11-3/4"	42#	424'	175	0
Intermediate	12-1/4"	8-5/8"	32#	6087'	1900	0
Production	7-7/8"	5-1/2"	17# & 20#	13678'	700	0

Casing/Cement Program: Additional Comments

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²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/> , if applicable. Signature: 		OIL CONSERVATION DIVISION	
Printed name: GRIFFIN HAYS		Approved By: 	
Title: REGULATORY MANAGER		Title: 	
E-mail Address: griffin@mammothexp.com		Approved Date: 03/22/18 Expiration Date: 03/22/20	
Date: 03/19/2018 Phone: 432-305-0953		Conditions of Approval Attached	