

District I
1625 N. French Dr., Hobbs, NM 88240
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
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

HOBBS OGD
AMENDED REPORT
AUG 29 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 30-025-28194
⁴ Property Code 321527	⁵ Property Name BIWITCHED STATE 12 COM	⁶ Well No. 001

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
I	12	14S	32E		1980	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
I	12	14S	32E		1980	S	660	E	LEA

9. Pool Information

¹⁰ Pool Name BAUM, WOLFCAMP, SOUTH	¹¹ Pool Code 4967
--	---------------------------------

Additional Well Information

¹² Work Type P	¹³ Well Type O	¹⁴ Cable/Rotary R	¹⁵ Lease Type S	¹⁶ Ground Level Elevation 4275'
¹⁷ Multiple NO	¹⁸ Proposed Depth 9998	¹⁹ Formation WOLFCAMP	²⁰ Contractor NA	²¹ Spud Date 04/22/1983
²² Depth to Ground water		²³ Distance from nearest fresh water well		²⁴ 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	17-1/2"	13-3/8"	54.5#	407'	425	0
Intermediate	11"	8-5/8"	32#	4098'	200	0
Production	7-7/8"	5-1/2"	17#	9998'	2635	8266'

Casing/Cement Program: Additional Comments

SEE ATTACHED PROCEDURE.

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: <i>Griffin Hays</i>		OIL CONSERVATION DIVISION	
Printed name: GRIFFIN HAYS		Approved By: <i>[Signature]</i>	
Title: REGULATORY MANAGER		Title:	
E-mail Address: griffin@mammothexp.com		Approved Date: 09/10/18 Expiration Date: 09/10/20	
Date: 08/27/2018 Phone: 432-305-0953		Petroleum Engineer	
		Conditions of Approval Attached	

Requested GCP 09/04/18
GCP Rec 09/07/18