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NOV 20 1985
O. C. D.
ARTESIA, OFFICE

5A. Indicate Type of Lease
STATE ☐ FEE ☒
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Unit Agreement Name
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Farm or Lease Name DELTA FEE "C"
2. Name of Operator TXO PRODUCTION CORP. ✓ 505-397-3767			9. Well No. 1
3. Address of Operator 900 WILCO BUILDING, MIDLAND, TEXAS 79701			10. Field and Pool, or Wildcat E. CARLSBAD WOLFCAMP GAS
4. Location of Well UNIT LETTER C LOCATED 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE OF SEC. 12 TWP. 22-S RGE. 27-E NMPM			12. County EDDY
19. Proposed Depth 10,300'		19A. Formation WOLFCAMP	20. Rotary or C.T. ROTARY
21. Elevations (Show whether DF, HT, etc.) 3090 GL	21A. Kind & Status Plug. Bond BLANKET	21B. Drilling Contractor NOT SELECTED	22. Approx. Date Work will start UPON APPROVAL

23. 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#	400'	400	SURFACE
12-1/4"	8-5/8"	24# & 32#	2600'	1200	TO TIE-BACK
7-7/8"	4-1/2"	11.6#	10,300'	500	8000'

SEE ATTACHED FOR BOP SKETCH.
GAS IS NOT DEDICATED.

Posted IOI,
API, NL
11-22-85

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 6-21-86
UNLESS DRILLING UNDERWAY

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 BLOW-OUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
Signed Arthur R. Brown Title Agent Date November 18, 1985
(This space for State Use)

APPROVED BY Mike Williams TITLE Oil & Gas Inspector DATE NOV 21 1985
CONDITIONS OF APPROVAL, IF ANY: