Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-04980

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: Santa Fe

2. Name of Operator: M & G Oil, Inc.

8. Well No. 1

3. Address of Operator: P.O. Box 957, Crossroads, N.M., 88114

9. Pool name or Wildcat: ~~Crossroads Devonian East~~ Lindsey Penn

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1943 Feet From The West Line

Section 30 Township 9-S Range 37-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,031' PB	Pennsylvanian	Well Service

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
4020' DF	Statewide	—	On approval

17. 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"	54.5#	403'	400	Surface
12 1/4"	8 5/8"	36.0#	4351'	2900	1320
8 3/4"	5 1/2"	17# & 20#	12,188'	1000	9050

1. Set CIBP in 5½" csg. at 12,031', 100' above top of Devonian
2. Perf. 5½" csg. in Pennsylvanian Form. fr. 9615'-9630', 15' w/ 4 JSPF.
3. Acidize as necessary.
4. Swab & test.
5. Install producing equipment as necessary.

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.

SIGNATURE W.M. Brocsbeck TITLE President DATE 3-20-92

TYPE OR PRINT NAME W.M. Brocsbeck TELEPHONE NO. 505-393-27

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAR 23

CONDITIONS OF APPROVAL, IF ANY: