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) 30-025-30853

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 6231

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Red Dog

2. Name of Operator: Tahoe Energy, Inc.

8. Well No. 1

3. Address of Operator: 3909 W. Industrial, Midland, Texas 79703

9. Pool name or Wildcat: Saunders Permo Upper Penn

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 14-S Range 33-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10,200	Pennsylvanian	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
est. 4190' GR	Blanket		April 16, 1990

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"	48#	360'	400 sx.	circulate
11"	8-5/8"	24# & 32#	4200'	1700 sx.	circulate
7-7/8"	5-1/2"	17# & 20#	10,200'	700 sx.	6900'

Casing Design

13-3/8" (0- 360') 48# STC
8-5/8" (0-2500') 24# & (2500'-4200') 32#
5-1/2" (0- 350') 20# N-80 (350'-6650') 17# N-80 (6650'-10,200') 20# N-80

BOP Program

Shaffer LWS 11" 3000# Double Rams w/Kooney 3 station
61 gal accumulator 5000# test.

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 K. A. Freeman TITLE President DATE 3-30-90

TYPE OR PRINT NAME K. A. Freeman TELEPHONE NO. 915/697-7938

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APR 3 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: