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OCT 13 1983
O. C. D.
ARTESIA, OFFICE

5A. Indicate Type of Lease
STATE ☒ FEDERAL ☐
5. State Oil & Gas Lease No.
LG 8357

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL ☒ DEEPEN ☐ PLUG BACK ☐
b. Type of Well
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Wallace Oil & Gas, Inc.
3. Address of Operator
50 Penn Place, Suite 850, Okla. City, OK 73118
4. Location of Well
UNIT LETTER C LOCATED 660 FEET FROM THE North LINE
AND 1980 FEET FROM THE West LINE OF SEC. 14 TWP. 4S RGE. 29E NMPM
7. Unit Agreement Name
8. Farm or Lease Name
State
9. Well No.
10. Field and Pool, or Wildcat
Wildcat - Montoya
12. County
Chaves
19. Proposed Depth
8500'
19A. Formation
Montoya
20. Rotary or C.T.
Rotary
21. Elevations (Show whether DF, KI, etc.)
Gr. 4721.4 MSL
21A. Kind & Status Plug. Bond
One-Well Plugging
21B. Drilling Contractor
OIL Energy, Inc.
22. Approx. Date Work will start
11-5-83

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/4"	13 3/8"	48#	700'	surface	surface
12 1/4"	8 5/8"	24#	2400'	surface	surface

Proposed to drill approximatley 8200' to test the Montoya formation. If productive, Casing will be set and completion attempted.

Estimated top: 8322' Montoya

Mud Program: To drill with mud, Vis. 30 to 35 at 28' above Montoya, mud up, get water loss down, drill to T.D.

BOP Program: BOP will be installed on 8 5/8" casing and will be tested daily.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-14-84
UNLESS DRILLING UNDERWAY

Post ID-1
10-14-83
Mudlog & API

ON 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.

hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Pamela S. Harvett Title Production Secretary Date 10/10/83

(This space for State Use)

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE OCT 14 1983
CONDITIONS OF APPROVAL, IF ANY: