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

RECEIVED
SEP 0 1 1992
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

CIT BLM BM SLO

API No. (assigned by OCD on New Wells) 30-015-27091

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

6. State Oil & Gas Lease No. E-7811

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: Cedar Breaks "2" State

2. Name of Operator: Mewbourne Oil Company

8. Well No. 1

3. Address of Operator: P. O. Box 5270 Hobbs, New Mexico 88241

9. Pool name or Wildcat: Walters Lake Bone Spring

4. Well Location
Unit Letter G : 2130 Feet From The North Line and 1980 Feet From The East Line

Section 2 Township 18-S Range 30-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
7400'	Bone Spring	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3629' GL	Blanket on File	Peterson Drlg. Co.	Upon approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Filing an amended C-101 for the purpose of a name change only. All other data submitted on the original C-101 will remain the same.

New name: Cedar Breaks "2" State #1

Old name: Loco Hills State #5.

Post ID-1
9-11-92
chg well name

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2-26-93
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 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 Kelly Ryan TITLE District Superintendent DATE 09/01/1992

TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO. 505 393-5905

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE SEP 4 1992

CONDITIONS OF APPROVAL, IF ANY: