| NO. OF COPIES RECEIVED                    |   |                          |   |                                      |  |  |
|---|---|--------------------------|---|--------------------------------------|--|--|
| DISTRIBUTION                              |   |                          |   | Form C-101                           | - 1  |  |
| SANTA FE                                  |   |                          |   |                                      | 30-015-24715                                   |  |
| FILE VV                                   |   | RECEIV                   | EDBY                                    | A. Indicate T<br>STATE X             |  |  |
| U.S.G.S. 2                                |   |                          | ļ                                       |                                      | Gas Lease No.                                  |  |
| LAND OFFICE                               |   |                          | 2 1983                                  | LG-14                                |  |  |
| CPERATOR                                  |   |                          |   |                                      |  |  |
|   | O. C. D.  |                          |   |                                      |  |  |
| APPLICATION FOR                           |   | . Unit Agreem            |   |                                      |  |  |
| ia. Type of Work                          |   |                          | Call Ser Sounds - Andrew Statements and | . Unit Agreem                        | ent Name                                       |  |
| DRILL X                                   | DEEPEN  | PLUG                     | васк 🔲 🖡                                | 0.5                                  |  |  |
| b. Type of Well                           |   |                          |   | 8. Farm or Lease Name<br>AMOCO STATE |  |  |
| OIL X GAS WELL                            | OTHER   | SINGLE MI                | ZONE                                    | 9. Well No.                          |  |  |
| 2. Name of Operator                       |   |                          |   | 9. Well No.                          |  |  |
|   | JACK PLEMONS (677-3121)                         |                          |   |                                      | Pool, or Wildcat                               |  |
|   | 3. Address of Operator                          |                          |   |                                      | (Y-SR-Q-Gb+54                                  |  |
|   | 1010 West Avenue H, Lovington, New Mexico 88260 |                          |   |                                      | ······   |  |
| 4. Location of Well UNIT LETTER           | 0 LOCATED 990                                   | FEET FROM THE            |   |                                      |  |  |
|   | _   | 100                      | -1.6                                    |                                      |  |  |
| AND 1650 FEET FROM THE C                  | ast LINE OF SEC. 3                              | TWP. 195 RGE.            | 31E NMPM                                | 12. County                           | - <i>}}}}?????????????????????????????????</i> |  |
|   |   |                          | ////////                                | Eddy                                 |  |  |
|   |   |                          | <i>HHHHH</i>                            | TTTTTT                               | 444444Am                                       |  |
|   |   |                          |   |                                      |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | ***********                                     | 19. Proposed Depth       | 19A. Formation                          | 2                                    | ), Rotary or C.T.                              |  |
| Δ   |   | 4250' Grayb              |   | urg                                  | Rotary   |  |
| 21. Elevations (Show whether DF, RT, etc. | .) 21A. Kind & Status Plug. Bond                | 21B. Drilling Contractor |   | 22. Approx. E                        | ate Work will start                            |  |
| 3596' G.L.                                | One-Well (New)                                  | Unknown                  |   | Decemt                               | per 10, 1983                                   |  |
| 23. PROPOSED CASING AND CEMENT PROGRAM    |   |                          |   |                                      |  |  |

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 11 "         | 8 5/8"         | 24#             | 700'          | 200             | Surface  |
| 7 7/8"       | 5 1/2"         | 14#             | 4000'         | 660             | 700'     |
|              |                |                 |               |                 |          |
|              |                |                 |               | ł               | I        |

Pay zone will be selectively perforated and stimulated as needed for optimum production.

Attached are: 1. Well Location and Acreage Dedication Plat

2. BOP Sketch

| P   | ROVAL WILLD FOR 180 DAYS<br>ERMIT ECORED 6-9-84<br>UNLESS DRILLING UNDERWAY<br>Poted Q.P.J<br>20-12 4 2 20 |
|---|--|
| IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA<br>TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.<br>I hereby certify the information above is true and complete to the best of my knowledge and belief.<br>Signed | Date December 1, 1983  |
| APPROVED BY BANJ BUDE TITLE Seologist   | DATE 12/9/83   |