

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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JAN 6 9 41 AM '92
APPLICATION FOR PERMIT TO DRILL OR DEEPEN

1A. TYPE OF WORK
CARLISLE
ARIZONA
WELL ☒ OIL ☒ GAS ☐ DEEPEN ☐ RIMPLE ZONE ☒ RECEIVED

2. NAME OF OPERATOR
Paloma Resources, Inc. / APR - 2 1992

3. ADDRESS AND TELEPHONE NO.
703 E. Berrendo, Roswell, New Mexico 88201 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface
330' FSL & 330' FEL
At proposed prod. zone
Same
P-5252

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
Approx. 10 miles Southeast of Loco Hills, New Mexico

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any) 330'

16. NO. OF ACRES IN LEASE 40
18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 330'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3640' GR

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	GRADE SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12 1/4"	8 5/8"	24#	680'
7 7/8"	5 1/2"	15.5#	4100'

Capitan Controlled Water Basin

QUANTITY OF CEMENT
circulate to surface [WITNESS
500 sx.-suff. to cover pays +/-
200' into surface casing - SEE STIP.

MUD PROGRAM
0-680' F.W. Gel, LCM, Spud Mud
680'-2480' Brine water
2480'-4100' Brine, Starch, Salt Gel.

BOP PROGRAM
BOP's will be installed at the onset of drilling. They will consist of a double ram hydraulic BOP with a working pressure rating of 3000#. BOP's will be tested daily. See attached diagram for BOP.

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNATURE [Signature] TITLE V.P. Operations DATE 12/23/91
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
Application approval does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.
CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY [Signature] TITLE ASST. MANAGER DATE 3.31-92
CARLSBAD RESOURCE AREA

*See Instructions On Reverse Side