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
DEC 3 '90
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-21631

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: Tracy D

2. Name of Operator: OXY USA Inc.

8. Well No.: 1

3. Address of Operator: P.O. Box 50250 Midland, TX. 79710

9. Pool name or Wildcat: Undesignated Morrow

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 33 Township 21S Range 27E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
11575'	Morrow	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3119'	Required/approved	Unknown	After permit approval

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#	415'	1000	Surface
12 1/4"	9 5/8"	36#	3000'	1075	Surface
8 3/4"	5 1/2"	17-20#	11575'	1300	Top of Wolfcamp

TD-11575'. It is proposed to re-enter and test the Morrow formation. 5 1/2" casing will be set @ 11575'. The Blowout Prevention program will be as follows:

Post ID-1
12-21-90
Re-entry

10" 5000# WP Blind and pipe rams
3000# WP annular preventor and
rotating head

Cities Service Oil Co. - Tracy D Com #1
OTD: 11,575 Pkr # 11-19-75

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 6/13/91
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 F.A. Vitrano TITLE Region Operations Manager DATE 11/29/90

TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO. 9156855717

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE DEC 14 1990

CONDITIONS OF APPROVAL, IF ANY: