

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

**30-015-26733**

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☐

OTHER ☐ Brine Well

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

Tracy Lease

Name of Operator

The Permian Corporation

Address of Operator

PO BOX 1183 HOUSTON TX 77001

8. Well No.

1

9. Pool name or Wildcat

Wildcat (Brine Source)

Well Location

Unit Letter **J** : 1400 Feet From The East Line and 2230 Feet From The South Line

Section 33

Township

21-S

Range

27-E

NMPM

Eddy

County

10. Proposed Depth

600'

11. Formation

Rock Salt

12. Rotary or C.T.

Rotary

Elevations (Show whether DF, RT, GR, etc.)

3122 GL

14. Kind & Status Plug. Bond

#SU1326252/Utica Mut. Not Let

15. Drilling Contractor

Not Let

16. Approx. Date Work will start

2 wks after approv.

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE       | SIZE OF CASING       | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP  |
|--------------------|----------------------|-----------------|---------------|-----------------|-----------|
| <del>12"</del> 12" | 7 5/8"               | 24#             | 400'          | 125             | circulate |
| <del>7"</del> 7"   | <del>5"</del> 4 1/2" | 17#             | 525'          | 85              | circulate |

Post ID-1  
5-18-91  
New Lease API

ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTION ZONE AND PROPOSED NEW PRODUCTION ZONE. GIVE BLOW-OUT PREVENTER PROGRAM, IF ANY.

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

NATURE A.L. Hickerson TITLE Consultant

DATE 2-11-91

OR PRINT NAME A.L. Hickerson

TELEPHONE NO. 915-381-0531

(space for State Use)

DATED BY Mr. Walker

TITLE SUPERVISOR, DISTRICT II

DATE MAY - 6 1991

REASONS OF APPROVAL, IF ANY: