Ap[illegible] [illegible]ice
[illegible]e – 6 copies
ee – 5 copies

[illegible]ISTRICT I
[illegible].O. Box 1980, Hobbs, NM 88240

[illegible]ISTRICT II
[illegible].O. Drawer DD, Artes[illegible], NM 88210

[illegible]ISTRICT III
[illegible]00 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

Form C-101
Revised 1-1-89

File

API NO. (assigned by OCD on New Wells) 30-015-26734

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

[illegible] Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

[illegible] 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

8. Well No. 2

Address of Operator: PO BOX 1183 HOUSTON TX 77001

9. Pool name or Wildcat: Wildcat (Brine Source)

Well Location Unit Letter I : 1600 Feet From The EAST Line and 2450 Feet From The South Line

Section 33 Township 21-S Range 27-E NMPM EDDY County

	10. Proposed Depth	11. Formation	12. Rotary or C.T.
	600'	Rock Salt	Rotary

Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3[illegible]22 GL	SU1326252/Utica Mut	Not Let	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
~~[illegible]~~" 12	7 5/8"	24#	400'	125	circulate
~~[illegible]~~" 7"	~~[illegible]~~ 4½	17#	450'	75	circulate

Post ID-1
5-10-91
New Loc & API

[illegible] ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE [illegible]E. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

[illegible]reby certify that the information above is true and complete to the best of my knowledge and belief.

[illegible]NATURE A.L. Hickerson TITLE Consultant DATE 2-11-91

[illegible]E OR PRINT NAME A.L. Hickerson TELEPHONE NO. 915-381-0531

(This space for State Use)

[illegible]ROVED BY [signature] TITLE SUPERVISOR, DISTRICT II DATE MAY - 6 1991

[illegible]DITIONS OF APPROVAL, IF ANY: