

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ RECEIVED PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☒

2. NAME OF OPERATOR
Cimarron Energy Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1525 Carlsbad, N. M. 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
1980' FSL, 660' FWL Sec. 34, T22S, R28E, N.M.P.M.
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
Approximately 7 miles from Carlsbad, N. M. East

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any) 660'

16. NO. OF ACRES IN LEASE 400

17. NO. OF ACRES ASSIGNED TO THIS WELL 320

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
None

19. PROPOSED DEPTH 12800

20. ROTARY OR CABLE TOOLS Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3028.5' GR

22. APPROX. DATE WORK WILL START*
As soon as possible

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
26"	20"	See Exhibit D	425'	See Exhibit E
17½"	13 3/8"	"	2650'	Tie-back to surface casing.
12¼"	9 5/8"	"	10 350'	"
8½"	7"	"	11900'	"
6½"	4½"	"	12800'	"

Drilling Fluid Program: See Exhibit F

BOP Program: See Exhibit G

Auxillary Equipment: See Exhibit H

Gas not dedicated

Drilling Summary: See Exhibit I

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. 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. SIGNED James W. Klepach TITLE Corporate Secretary DATE 21 Sept 1982

(This space for Federal or State office use)

GEORGE H. STEWART

PERMIT NO. _____

APPROVAL DATE _____

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

NMUCD R-7068