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

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

RECEIVED
AUG 14 1991
O. C. D.
ARTESIA, OFFICE

API NO. (assigned by OCD on New Wells) 30-015-26811

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: LEU

2. Name of Operator: Sylvite Corporation

8. Well No.: 2

3. Address of Operator: 6966 S. Utica, Suite 200, Tulsa, OK 74136

9. Pool name or Wildcat: South Culebra Bluff BS

4. Well Location
Unit Letter A : 510 Feet From The North Line and 510 Feet From The East Line

Section 28 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6800'	Bone Springs	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3036.1' GR	OW Plug Surety	Grace	25 AUG 91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12¼"	8 5/8"	24#	0-490'	300	Surface
7 7/8"	5½"	15.5#	0-6800'	1800	Surface

Drill through fresh water zones into salt section with fresh spud mud.
Set 8 5/8" casing @ 500'.
Drill through salt section, Delaware and Bone Springs with brine mud.
Log well, then run 5½" casing to total depth @ 6800'.

Post ID-1
8-16-91
New Loc + API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/14/92
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 D. G. Campbell TITLE President DATE August 5, 1991

D. G. Campbell
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 14 1991

CONDITIONS OF APPROVAL, IF ANY: