

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

NEW MEXICO OIL CONSERVATION
ARTESIA DISTRICT
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☒ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address Black Mountain Operating LLC 500 Main Street Suite 500 Fort Worth, TX 76102		² OGRID Number 371127
⁴ Property Code 316287		³ API Number 30-015-44046
⁵ Property Name CYPRESS	⁶ Well No. 1H	

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
M	9	23 S	27E		655'	SOUTH	190'	WEST	EDDY

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	9	23S	27E		340	SOUTH	330	EAST	EDDY

⁹ Pool Information

Pool Name	Pool Code
PURPLE SAGE; WOLFCAMP	98220

Additional Well Information

¹¹ Work Type	¹² Well Type	¹³ Cable/Rotary	¹⁴ Lease Type	¹⁵ Ground Level Elevation
NEW DRILL	OIL		STATE	3,146
¹⁶ Multiple	¹⁷ Proposed Depth	¹⁸ Formation	¹⁹ Contractor	²⁰ Spud Date
N	14,000	WOLFCAMP		03/06/2017
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

²¹ Proposed Casing and Cement Program


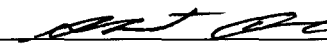
Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SURFACE	17.5	13.375	54.5	400	420	0
INT	12.25	9.625	40.0	2100	320	0
INT 2	8.75	7	26.0	9150	812	1600

Casing/Cement Program: Additional Comments

PLEASE SEE ATTACHED PRODUCTION

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
ANNULAR/DOUBLE RAM	3500/5000	3500/5000	

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> if applicable. Signature: 		OIL CONSERVATION DIVISION	
Printed name: Michael McCracken		Approved By: 	
Title: COO		Title:	Expiration Date:
E-mail Address: michael.mccracken@blackmtn.com		Approved Date:	
Date: 03-02-2017	Phone: 817-529-9475	Conditions of Approval Attached	

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State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
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☒ AMENDED REPORT

MAR 08 2017

RECEIVED

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address BLACK MOUNTAIN OPERATING LLC 500 MAIN STREET SUITE 500 FORT WORTH, TX 76102		² OGRID Number 371127 ³ API Number 30-015-44046
⁴ Property Code 316287	⁵ Property Name CYPRESS	⁶ Well No. 1H

⁷ Surface Location

UL - Lot M	Section 9	Township 23S	Range 27E	Lot Idn	Feet from 655'	N/S Line SOUTH	Feet From 190	E/W Line WEST	County EDDY
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⁸ Proposed Bottom Hole Location

UL - Lot P	Section 9	Township 23S	Range 27E	Lot Idn	Feet from 340	N/S Line SOUTH	Feet From 330	E/W Line EAST	County EDDY
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⁹ Pool Information

Pool Name PURPLE SAGE: WOLFCAMP	Pool Code 98220
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Additional Well Information

¹¹ Work Type	¹² Well Type	¹³ Cable/Rotary	¹⁴ Lease Type	¹⁵ Ground Level Elevation
¹⁶ Multiple	¹⁷ Proposed Depth	¹⁸ Formation	¹⁹ Contractor	²⁰ Spud Date
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

²¹ Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
PROD 1	6.125	5.5	20.0	8950	330	0
PROD 2	6.125	4.5	13.5	13924	340	8950

Casing/Cement Program: Additional Comments

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²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> if applicable. Signature: <i>Michael McCracken</i>	OIL CONSERVATION DIVISION Approved By:
Printed name: Michael McCracken	Title:
Title: COO	Approved Date: Expiration Date:
E-mail Address: michael.mccracken@blackmtn.com	
Date: 03/02/2017 Phone: 817-529-9475	Conditions of Approval Attached