

**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

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

Form C-101  
Revised July 18, 2013

**HOBBS OCD**  
**JAN 18 2018**  
**RECEIVED**

AMENDED REPORT  
*S/P*

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

<sup>1</sup> Operator Name and Address COBRA OIL & GAS CORPORATION P O BOX 8206 WICHITA FALLS, TEXAS 76307		<sup>2</sup> OGRID Number 147404
<sup>4</sup> Property Code <i>320661</i>	<sup>3</sup> Property Name STATE ANGEL EYES 17 STATE	<sup>5</sup> API Number <i>30-025-84395</i>
		<sup>6</sup> Well No. IH

**7. Surface Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	8	10-S	33-E		200	SOUTH	660	EAST	LEA

**8. Proposed Bottom Hole Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	17	10-S	33-E		330	SOUTH	760	EAST	LEA

**9. Pool Information**

<del>FLYING M</del>	Pool Name <i>CORMAC; SAN ANDRES</i>	Pool Code <i>13 750 24620</i>
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**Additional Well Information**

<sup>11</sup> Work Type NEW WELL	<sup>12</sup> Well Type OIL	<sup>13</sup> Cable/Rotary ROTARY	<sup>14</sup> Lease Type STATE	<sup>15</sup> Ground Level Elevation 4204'
<sup>16</sup> Multiple NO	<sup>17</sup> Proposed Depth 9463' MD	<sup>18</sup> Formation SAN ANDRES	<sup>19</sup> Contractor DROUBLE R	<sup>20</sup> Spud Date 02/05/2018
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	12 1/4	9 5/8	36#	1900'	785	0
Production	8 3/4	5 1/2	20#	9463'	1645	0

**Casing/Cement Program: Additional Comments**

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**22. Proposed Blowout Prevention Program**

Type	Working Pressure	Test Pressure	Manufacturer
DOUBLE RAM	5000	3000	

<sup>23</sup> 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  and/or 19.15.14.9 (B) NMAC , if applicable.  
Signature:

Printed name: KYLE GARDNER  
Title: OPERATIONS ENGINEER  
E-mail Address: KGardner@cobraogc.com  
Date: 01/17/2018

Phone: 940-716-5100

OIL CONSERVATION DIVISION	
Approved By:	<i>[Signature]</i>
Title:	Petroleum Engineer
Approved Date:	<i>01/29/18</i>
Expiration Date:	<i>01/29/20</i>
Conditions of Approval Attached	<b>See Attached</b>

**Conditions of Approval**

CONDITIONS OF APPROVAL

API #	Operator	Well name & Number
30-025- 44395	COBRA O & G CORP	ANGEL EYES 17 STATE # 001H

Applicable conditions of approval marked with **XXXXXX**

Other wells

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Drilling

<b>XXXXXX</b>	Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string

Casing

<b>XXXXXX</b>	SURFACE CASING - Cement must circulate to surface --
<b>XXXXXX</b>	PRODUCTION CASING - Cement must circulate to surface --
<b>XXXXXX</b>	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement

Completion & Production

<b>XXXXXX</b>	Will require a directional survey with the C-104
<b>XXXXXX</b>	The Operator is to notify NMOCD by sundry (Form C-103) within ten (10) days of spudding a well.
<b>XXXXXX</b>	It is the operator's responsibility to monitor cancellation dates of approved APDs.
<b>XXXXXX</b>	If an APD expires and if site construction has occurred, site remediation is required.
<b>XXXXXX</b>	Must give verbal notification 24 hours prior to spud

Lost Circulation

<b>XXXXXX</b>	Must notify OCD Hobbs Office if lost circulation is encountered at 575-370-3186

Stage Tool

<b>XXXXXX</b>	Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186

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