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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work				7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Firm or Lease Name RONALTO	
2. Name of Operator RONADERO COMPANY, INC.				9. Well No. 1	
3. Address of Operator P. O. Box 430, Roswell, New Mexico 88201				10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER K LOCATED 1650 FEET FROM THE West LINE AND 2310 FEET FROM THE South LINE OF SEC. 14 TWP. 12S RGE. 32E NMPM				12. County Lea	
19. Proposed Depth 10,700				19A. Formation Penn	
20. Rotary or C.T. Rotary				21. Elevations (Show whether DF, RT, etc.) 4347 GL	
21A. Kind & Status Plug. Bond Blanket				21B. Drilling Contractor Sterling	
22. Approx. Date Work will start 8/15/84					

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48	360	450	
11	8 5/8	32-34	3600	2000	
7 7/8	5 1/2	17	10700	500	

Adequate blowout equipment (Shaffer 5000# Double Ram Hydraulic) will be utilized to insure safe operations at all times. No high pressure zones anticipated.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/9/85
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.

Signed Robert H. [Signature] Title Vice President Date 8-6-84

(This space for State Use)

ORIGINAL SIGNED BY JERRY KEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE AUG - 9 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG - 8 1984

O.C.B.
HOBBS OFFICE