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

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-30905

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. V-2157

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: State 13

2. Name of Operator: North Central Oil Corporation

8. Well No.: 1

3. Address of Operator: 6001 Savoy, Suite 600 Houston, Texas 77036-3381

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter J : 1720 Feet From The North Line and 1980 Feet From The West Line

Section 13 Township 11S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,500	Devonian	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3922' Ground Level	One well-appr. pending	Timber/Sharp	5/15/90

17. 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	54.50	400	425	Surface
11	8-5/8	32.00	4500	1590	Surface
7-7/8	5-1/2	17.00 & 20.00	12250	830	10750

DRILL AND COMPLETE TO 12250' OR DEPTH SUFFICIENT TO TEST THE DEVONIAN FORMATION.

See attached description for casing and cementing recommendation and BOP program.

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 Keith R Alverson TITLE Chief of Drlg. Operations DATE 5/11/90

TYPE OR PRINT NAME Keith R. Alverson TELEPHONE NO. (713) 974-4600

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAY 15 1990

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway