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5A. Indicate Type of Lease
STATE ☐ FEE ☒
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>				7. Unit Agreement Name	
b. Type of Well 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. Farm or Lease Name Tucker	
2. Name of Operator Wallace Oil & Gas, Inc.				9. Well No. 3	
3. Address of Operator 50 Penn Place, Suite 850, Okla. City, OK 73118				10. Field and Pool, or Wildcat Undesignated Canyon	
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>8</u> TWP. <u>7S</u> RGE. <u>33E</u> NMPM				12. County Roosevelt	
19. Proposed Depth 9450'				19A. Formation Canyon	
20. Rotary or C.T. Rotary					
21. Elevations (show whether DF, KT, etc.) Gr. 4408'		21A. Kind & Status Plug. Bond One Well Plugging		21B. Drilling Contractor Quarles Drlg. Corp.	
				22. Approx. Date Work will start Dec. 8, 1984	

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/4"	13 3/8"	48#	360'	360 sxs	Surface
12 1/4"	9 5/8"	40#	4500'	1700 sxs	Surface

Proposed to Drill approximately 9450' to test the Mississippian and Basal Pennsylvanian formation. If productive, casing will be set and completion attempted.

Estimated Top: 9400' Mississippian

Mud Program: To drill with mud, Vis 29 to 60 to a depth of 8500'. At 8500' get water loss down to 6 or less, drill to T.D.

BOP Program: BOP will be installed on 9 5/8" casing, and tested daily.

Permit Expires 6 Months From Approval
Date 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 Pamela S. Garrett Title Secretary Date Nov. 28, 1984

(This space for State Use)
APPROVED BY DEPUTY SECRETARY TITLE DEPUTY SECRETARY DATE DEC 7 1984

CONDITIONS OF APPROVAL, IF ANY: