Submit to Appropriate Diractic Office State Lease — 6 copies Fee Lease — 5 copies

State of New Mexico Ener<sub>E</sub>. inerals and Natural Resources Department

Form C-101 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

5 1/2

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

CONDITIONS OF AFFROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells) 30-005-21113

STATE X

| DISTRICT III<br>1000 Rio Brazos Rd., Aztec | NM 87410          |                             | NUG 2 6 1992                           | 6. State Oil a | & Gas Lease N<br>O | io.                  |
|--|-------------------|-----------------------------|--|----------------|--------------------|----------------------|
| APPLICAT                                   | ION FOR PERMIT TO | O DRILL, DEEPEN,            | DEPLO BACK                             |                |                    |                      |
| la. Type of Work:                          |                   |                             | Astri-                                 | 7. Lease Nau   | ne or Unit Agr     | reement Name         |
| DRILL b. Type of Well: OIL GAS WELL X WELL |                   | DEEPEN SINGLE               | PLUG BACK MULIFIE ZONE                 | Carso          | n State            | <b>a</b>             |
| 2. Name of Operator                        |                   |                             |  | 8. Well No.    | ···                | -                    |
| Plains Radio                               | Petroleum Compa   | iny                         |  | 1              |                    |                      |
| 3. Address of Operator                     |                   |                             |  | 9. Pool nam    |                    | 2 ,                  |
| P.O. Box 9354, Amarillo, TX 79105-9354     |                   |                             |  |                | at Sict            | e Dan andre          |
| 4. Well Location Unit LetterA              | : 660' Feet Fr    | om The North                | Line and 66                            | O' Feet        | From The           | East Line            |
| Section 32                                 | Towns             | ip 8S R                     | ange 31E                               | NMPM           | Chaves             | County               |
|  |                   | 10. Proposed Dept           | ////////////////////////////////////// | Formation      |                    | 12. Rotary or C.T.   |
|  |                   | 4,0                         | 00'                                    | San Andr       | es                 | rotary               |
| 13. Elevations (Show whether               |                   | 4. Kind & Status Plug. Bood | 15. Drilling Contracto                 | r              | 16. Approx. I      | Date Work will start |
| 4243 GL                                    |                   | Statewide Larue Dr          |  | ling Sept      |                    | . 10, 1992           |
| 17.  | PR                | OPOSED CASING A             | ND CEMENT PROG                         | RAM            |                    |                      |
| SIZE OF HOLE                               | SIZE OF CASING    | WEIGHT PER FOOT             | SETTING DEPTH                          | SACKS OF       | CEMENT             | EST. TOP             |
| 12 1/4                                     | 8 5/8             | 24#                         | 350'                                   | 500            |                    | circulate surf.      |
| 7 7/8                                      | 5 1/2             | 15#                         | 4,000'                                 | unknown        | unknown circulate  |                      |

We propose to drill and test the San Andres formation. Approximately 350' of surface casing will be set and cemented to surface. If commercial, 5 1/2" casing will be run and cemented with adequate cover. The well will be perforated and stimulated as needed for production.

|  |   | VALID FOR 180 DAYS PIRES 3-4-93 ILLING UNDERWAY |
|--|---|---|
| IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO IZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. | DEEFEN OR PLUG BACK, GIVE DATA ON PRESENT I | PRODUCTIVE ZUNE AND PROPOSED NEW PRODUCTIVE     |
| I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE     | e and belief.  TITLE Agent                  | DATE 8-25-92 ·                                  |
| TYTEORPRINT NAME Sam L. Shackelford, P.O. Box  | H, Roswell, NM 88202                        | TELEPHONE NO. 623-6036                          |
| (This apace for State ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR                                | TITLE                                       | SEP 0 4 '92                                     |