District 1

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

OIL CONSERVATION DIVISION

2040 South Pacheco

Form C-101 Revised October 18, 1994 Instructions on back

Submit to Appropriate District Office

State Lease - 6 Copies

Fee Lease - 5 Copies

Santa Fe, NM 87505 District IV MENDED REPORT 2040 South Pacheco, Santa Fe, NM 87505 APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE ¹ OGRID Number Operator Name and Address. 160017 Thunderbolt Petroleum 'API Number 30 - 0 25-01108 P. O. Box 10523 Midland, Tx. 79701 ⁵ Property Name * Well No. Property Code State of New Mexico Lazy J B 020091 ⁷ Surface Location North/South line East/West line Feet from the County Lot Idn Feet from the Township Range Section UL or lot no. S 660 Lea 13S 33E 660 34 8 Proposed Bottom Hole Location If Different From Surface Feet from the Lot Idn North/South line Feet from the East/West line County UL or lot no. * Proposed Pool 2 Proposed Pool 1 Pann 13 Cable/Rotary " Lease Type Code 15 Ground Level Elevation 12 Well Type Code Work Type Code 4214' Pulling Unit 0 Α " Spud Date 16 Formation 19 Contractor 17 Proposed Depth * Multiple TD=9944' Bough C No ²¹ Proposed Casing and Cement Program Casing Size Casing weight/foot Setting Depth Sacks of Cement **Estimated TOC** Hole Size Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary. The St. of New MExico Lazy J B #1 is currently completed at 9775-92, 9825-30 and 9862-67. We plan to acidize these zones with 10,000 gal. 20% HCl and add new pay zones at 9622-25, 9637-40, 9696-9700 and 9738-48. The new zones will be acidized with 10,000 gal 20% HCl. The well will then be returned to production 23 I hereby certify that the information given above is true and complete to the best OIL CONSERVATION DIVISION of my knowledge Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS Signature: DISTRICT I SUPERVISOR Printed name: Robert Approval Date: Expiration Date: Title: President

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IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Operator's name and address 2
- API number of this well. If this is a new drill the OCD will 3 assign the number and fill this in.
- Property code. If this is a new property the OCD will assign the number and fill it in.
- Property name that used to be called 'well name'
- The number of this well on the property.
- The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit Letter.
- The proposed bottom hole location of this well at TD

9 and 10 The proposed pool(s) to which this well is beeing drilled.

- Work type code from the following table: 11
 - N New well
 - Re-entry Ε
 - Drill deeper D
 - Plugback P
 - Add a zone
- Well type code from the following table: 12
 - Single oil completion 0
 - G Single gas completion
 - **Mutiple completion** M
 - 1 Injection well
 - s SWD well
 - Water supply well w
 - Carbon dioxide well С
- Cable or rotary drilling code 13
 - Propose to cable tool drill C
 - R Propose to rotary drill
- Lease type code from the following table: 14
 - State S
 - **Private**
- Ground level elevation above sea level 15
- Intend to mutiple complete? Yes or No 16
- Proposed total depth of this well 17
- 18 Geologic formation at TD
- 19 Name of the intended drilling company if known.
- 20 Anticipated soud date.
- 21 Proposed hole size ID inches, proposed casing OD inches, 44 clining weight in pounds per foot, setting depth of the 'castigy or depth and top of liner, proposed cementing volume, and estimated top of cement
- 22 Brief description of the proposed drilling program and BOP

program. Attach additional sheets if necessary.

The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.