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) 30-025-05045

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: WINGERD

2. Name of Operator: FINA OIL & CHEMICAL COMPANY

8. Well No.: 12

3. Address of Operator: P. O. Box 2990, Midland, Texas 79702

9. Pool name or Wildcat: Gladiola Wolfcamp

4. Well Location
Unit Letter O : 990 Feet From The South Line and 1650 Feet From The East Line

Section 24 Township 12-S Range 37-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10,702'	Cisco/Wolfcamp	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3887' RT	$50,000 Blanket/Active	N/A	01/07/91

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	36	300	275	Surf
12 1/4	8 5/8	28, 32	4500	540	1961
7 7/8	5 1/2	17, 20	11,987	600	8113 Calc

Present productive zone: Devonian 11,865'-11,900' - Last test: 21 BOPD + 125 BWPD

Proposed work: Plug back and test Cisco 10,662'-10,702' - Est.: 145 BOPD
If Cisco is unproductive, plug back to the
Wolfcamp and test 9810'-9820'
9770'-9780'
9628'-9636'
9507'-9529'

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 Seanard TITLE Staff Prod Engr DATE 12/31/90

TYPE OR PRINT NAME Keith Seanard TELEPHONE NO. (915) 688-0676

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 09 1991

CONDITIONS OF APPROVAL, IF ANY: