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) 30-025-27500

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: Speight

2. Name of Operator: Samedan Oil Corporation

8. Well No.: 1

3. Address of Operator: 10 Desta Drive, Suite 240 East, Midland, Texas 79705

9. Pool name or Wildcat: ~~Wildcat~~ No. King Devonian

4. Well Location
Unit Letter B : 810 Feet From The North Line and 1980 Feet From The East Line

Section 3 Township 13-S Range 37-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,385'	Silurian	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3,887.1 GL	Blanket OK		3-30-92

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	48#	399	425	Circ.
12 1/4	8 5/8	24# & 28#	4500	800	Circ.
7 7/8	5 1/2	17# & 20#	12116	400	7500'

Proposed total depth is 12,385'

1) Drill 130' to first Silurian interval & test. (Est. TD - 12,265 ±)

2) Run 3½ " 9.9# liner & produce if successful. If not, drill ahead.

3) Drill 170' to second Silurian interval (Est. TD- 12,385')

4) If tests warrent, run 3½" 9.9# N-80 liner & produce.

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 Judy Throneberry TITLE Division Production Clerk DATE 3-12-92

TYPE OR PRINT NAME Judy Throneberry TELEPHONE NO. 915-684-8491

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 16 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 1 8 1992
OCD HOBBS OFFICE