

30-025-28742

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

| | |
|--|---|
| 5A. Indicate Type of Lease | |
| STATE <input type="checkbox"/> | FEE <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| 7. Unit Agreement Name | |
| 8. Farm or Lease Name | |
| Gilliam | |
| 9. Well No. | |
| 1 | |
| 10. Field and Pool, or Wildcat | |
| NE Caudill, Wolfcamp | |
| 12. County | |
| Lea | |
| 19. Proposed Depth | 19A. Formation |
| 11,100 | Wolfcamp |
| 20. Rotary or C.T. | |
| Rotary | |
| 21. Elevations (Show whether DF, RT, etc.) | 22. Approx. Date Work will start |
| G.L. 3880 | 6-15-84 |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | |
|--|---|
| 1a. Type of Work | |
| b. Type of Well | |
| DRILL <input checked="" type="checkbox"/> | DEEPEN <input type="checkbox"/> |
| PLUG BACK <input type="checkbox"/> | |
| OIL WELL <input checked="" type="checkbox"/> | GAS WELL <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | SINGLE ZONE <input checked="" type="checkbox"/> |
| MULTIPLE ZONE <input type="checkbox"/> | |
| 2. Name of Operator | |
| Florida Exploration Company | |
| 3. Address of Operator | |
| 3151 S. Vaughn Way, Suite 200 Aurora, Colorado 80014 | |
| 4. Location of Well | |
| UNIT LETTER I | LOCATED 1980 |
| FEET FROM THE South LINE | |
| AND 660 | FEET FROM THE East |
| LINE OF SEC. 2 | TWP. 15S |
| RGE. 36E | NMPM |
| 12. County | |
| Lea | |
| 21. Elevations (Show whether DF, RT, etc.) | |
| G.L. 3880 | |
| 21A. Kind & Status Plug. Bond | |
| Unknown | |
| 21B. Drilling Contractor | |
| Unknown | |
| 22. Approx. Date Work will start | |
| 6-15-84 | |

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 | ±425 | ±425 | 0 |
| 12-1/4 | 8-5/8 | 24, L8 & 32 | ±4800 | ±2000sx | 0 |
| 7-7/8 | 5-1/2 | 17 | 11,100 | ±800sx | 7000 |

See attached BOPE schematic

APPROVAL VALID FOR 180 DAYS
 PERMIT EXPIRES 11/24/84
 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 Gerald D. Sexton Title Operations Manager Date 5/17/84

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 24 1984