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) 30-025-31522

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: Kim Harris

2. Name of Operator: Manzano Oil Corporation 505/623-1996

8. Well No.: #2

3. Address of Operator: P.O. Box 2107, Roswell, NM 88202-2107

9. Pool name or Wildcat: ~~East~~ Northeast Lovington ~~Strawn~~ Penn

4. Well Location
Unit Letter A : 600 Feet From The North Line and 797' Feet From The East Line

Section 12 Township 16S Range 36E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
11,900'	Strawn	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3861.6 GL	State Bond	WEK	2-13-92

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"	54-1/2	400'	425 sx	circl
12-1/4"	8-5/8"	24 - 32	4500'	1700 sx	100'
7-7/8"	5-1/2"	17 - 20	11,900'	500 sx	600' above top pa

Drill 7-7/8" hole to 11,900'. DST Wolfcamp, Strawn, and other potential pays if justified. Run open hole logs. Evaluate. Run 5-1/2" casing if commercial pay is found. Cement 600' above top of pay.

BOP -- Inter 12" 3000# annular
Prod. 11" 5000# double & 11" 5000# annular

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 Laura J. King TITLE Production Analyst DATE 2/10/92

TYPE OR PRINT NAME Laura J. King TELEPHONE NO. 505-623-1996

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 11 '92

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Unless Drilling Underway.