

Submit to Appropriate
District Office
State Lease - 6 copies
For Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Grande Rd., Aztec, NM 87410

API NO. (Assigned by OGD on New Wells)
30-025-31579

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

Brownfield Trust

2. Name of Operator

Manzano Oil Corporation 505/623-1996

8. Well No.

#1

3. Address of Operator

P.O. Box 2107, Roswell, NM 88202-2107

9. Field Name or Wellhead

Wildcat

4. Well Location

Unit Letter D : 795 Feet From The North Line and 330 Feet From The West Line

Section 11 Township 16S Range 36E NMPM Lea County

10. Proposed Depth

10,700'

11. Formation

Wolfcamp

12. Kind of C.T.

Rotary

13. Elevations (Surface whether DF, RT, CR, etc.)

GL 3899'

14. Kind of Status Plug Bond

State Bond

15. Drilling Contractor

WEK

16. Approximate Date Work will start

4-16-92

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'	3755 sx	circled
12-1/4"	8 5/8"	24# & 32#	4500'	1200sx lite + 250sx'C	200'
7-7/8"	5-1/2"	17# & 20#	10,700'	500 sx	600' above top pay

Drill 7-7/8" hole to 10,700' DST Wolfcamp 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 pay.

BOP's - Inter 12" 3000# annular

Production 11" 5000# double & 11" 5000 psi 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 accurate to the best of my knowledge and belief.

SIGNATURE Laura J. King TITLE Production Analyst DATE 4/10/92

TYPE OR PRINT NAME Laura J. King

TELEPHONE NO. 505-623-1996

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APR 12 '92

DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.