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) 30-025-28713

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: McIntosh

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. Pool name or Wildcat: ~~Southeast Scharb Wolfcamp~~ Penrose Queen

4. Well Location
Unit Letter M : 801 Feet From The South Line and 519 Feet From The West Line

Section 15 Township 19S Range 35E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
5100'	Queen Penrose	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug Bond	15. Drilling Contractor	16. Approx. Date Work will start
3761.6' GR	Statewide		September 1, 1992

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Intend to determine free point of casing. Assuming free to 5100' or below, make cut as deep as possible. 5000' minimum. POOH w/5-1/2" casing. Set 30 sks plug @ 5-1/2" csg stub. Rerun csg w/float collar & shoe for primary cement job. Set shoe between 5050' - 5100'. Centralize between 4600'and 4950'. Tsg. the Queen/Penrose zone for production.

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 Allison Raney TITLE Production Analsyt DATE August 31, 1992

TYPE OR PRINT NAME Allison Raney TELEPHONE NO.

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE SEP 02 '92

CONDITIONS OF APPROVAL, IF ANY: