.'E* Form approved. Budget Bureau No. 42-R1425. SUBMIT IN TRIPL: Form 9-331 C (May 1963) (Other instructions on UNITED STATES UNITED STATES
DEPARTMENT OF THE INTERIOR. M. OIL CONS. COMMISSION
3. LEASE DESIGNATION AND SERIAL NO. P. O. BOX 1380 GEOLOGICAL SURVEY 8874057285 6. IF INDIAN, ALLOTTER OR TRIBE NAME APPLICATION FOR PERMIT TO DRILLY DEEREN OR PLUG BACK ៊ 팥다. 1a. TYPE OF WORK 7. UNIT AGREEMENT NAME PLUG BACK DEEPEN DRILL . ÷ b. TYPE OF WELL S. FARM OR LEASE NAME GAS WELL X 0HOIL 2. NAME OF OPERATOR Stivason Federal MorOilCo, Inc San Miguel Seven Rivers P.O. Drawer I Artesia NM 882 No. LOCATION OF WELL (Report location clearly and in accordance with At surface Suite (equirements.*) 11. SEC., T., B. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 330 FEL 330 FNL At proposed prod. zone 33-19S-34E 12. COUNTY OR PARISH Unit A 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 13. STATE 25 miles Southwest of Hobbs, NM

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig, unit line, if any)

330 NM Lea NO. OF ACRES ASSIGNED TO THIS WELL 16. NO. OF ACRES IN LEASE 400 40 20. ROTARY OR CARLE TOOLS 19. PROPOSED DEPTH 18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 7920 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 22. APPROX. DATE WORK WILL START* 3. 3 3694.9 GR 93 PROPOSED CASING AND CEMENTING PROGRAM 5 SETTING DEPTH QUANTITY OF CEMENT SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT 3775 sx Lite, 2000 sx. Cl "C" 8-5/8" 12-1/2" 24# 1690' Circulate 7-7/8" 4-1/2" 5200' 10.5# 350 sx. C1 Set Baker Model "Lok-Set" 4-1/2" pkr. @4201'. Perforate .42 holes as follows: 3909' - 15', 4010' - 23', 4095' 4100' and acidize.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any. 24 DATE April 22. Mur 1985 (This space for Federal or State office use) PERMIT NO. ______ APPROVAL DATE Origi Sect. Chester S. D. Year APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

3861 8 YAMA

REGEIVED