

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1A. TYPE OF WORK  
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

B. TYPE OF WELL  
OIL WELL ☒ GAS WELL ☐ OTHER ☐  
SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. NAME OF OPERATOR  
Cavalcade Oil Corporation

3. ADDRESS OF OPERATOR  
P.O. Box 16187, Lubbock, Texas 79490

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*)  
At surface 400' FSL and 660' FEL

At proposed prod. zone  
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
9 miles south of Maljamar, New Mexico

10. DISTANCE FROM PROPOSED\*  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drig. unit line, if any) 400'

16. NO. OF ACRES IN LEASE  
400

17. NO. OF ACRES ASSIGNED  
TO THIS WELL 40

13. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT. 990'

19. PROPOSED DEPTH  
4300

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3750.8 GR

22. APPROX. DATE WORK WILL START\*  
April 1, 1985

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	* QUANTITY OF CEMENT
11	8 5/8	24#	400'	250 sx. Class "C" <b>CIRCULATE</b>
7 7/8	4 1/2	9.5#	4300'	700 sx. "Lite", 200 sx. Class

\* Cement will be circulated to surface on both casing strings.

Mud Program: See Exhibit F

BOP Program: See Exhibit D

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. Michael G. Mooney

SIGNED Michael G. Mooney

TITLE Drilling and Production Mgr. DATE 2/27/85

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

APPROVED BY Don Wood  
CONDITIONS OF APPROVAL, IF ANY: Rotary

TITLE \_\_\_\_\_

DATE 3-13-85

APPROVAL SUBJECT TO  
GENERAL REQUIREMENTS AND  
SPECIAL STIPULATIONS

\*See Instructions On Reverse Side