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APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZO ¹ Operator Name and Address. TMBR/Sharp Drilling, Inc. P. O. Drawer 10970 Midland, TX 79702 ³ API Number 20, 025, 255	
⁴ Property Code ⁵ Property Name ⁴ Well No.	
* Property Code * Property Name * Well No. 27328 TMBR "14" State 1	•
⁷ Surface Location	
UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Count]
I 14 17S 35E 1650 South 330 East Lea	.
⁸ Proposed Bottom Hole Location If Different From Surface	·i
UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Coun	
*Proposed Pool 1 Vacuum; Blinebry, NE	
¹¹ Work Type Code ¹² Well Type Code ¹³ Cable/Rotary ¹⁴ Lease Type Code ¹⁵ Ground Level Elevel N O R S 3917	ation
¹⁴ Multiple ¹⁷ Proposed Depth ¹⁸ Formation ¹⁹ Contractor ²⁹ Spud Date	
No 8000' Blinebry TMBR/Sharp 2/2/01	
²¹ Proposed Casing and Cement Program	
Hole Size Casing Size Casing weight/foot Setting Depth Sacks of Cement Estimated TO	ж
<u>12¹/4</u> 8 ⁵ /8 32 1800 1000 Surface	
7 ⁷ /s 5 ¹ /2 15.5 8000 250 3000	
 ²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary. It is proposed to drill a 12¹/₄" hole to ±1800' with FW, set 8⁵/₉" casing and cement casing back to surface. A 3000 psi annular preventer and 3000 psi dual ram BOP will be nippled up and tested. A 77/₉" hole will be drilled to an approxim TD of 8000'. Mud up will occur at about 6800', and one DST is possible. The 5¹/₂" casing will be run to TD and cement back to 6000'. 	mate
²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: Approved by: Orig. Signed by	
Printed name: Jeffrey D. Phillips Title: Paul Kautz	
Title Vice President Approval Date: Expiration Date:	
Date: February 1, 2000 Phone: (915) 699-5050 Conditions of Approval : Attached □	Q

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Measurements and dimensions are to be in feet/inches. Well locations will refer to the new Mexico Principal Meridian.

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

10perator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

20perator's name and address

3API number of this well. If this is a new drill the OCD will assign the number and fill this in.

4Property code. If this is a new property the OCD will assign the number and fill it in.

5Property name that used to be called 'well name'

6The number of this well on the property.

7The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit Letter.

8The proposed bottom hole location of this well at TD

9 and 10 The proposed pool(s) to which this well is beeing drilled.

11Work type code from the following table: NNew well ERe-entry DDrill deeper

PPlugback AAdd a zone

12Well type code from the following table: OSingle oil completion GSingle gas completion MMutiple completion Ilnjection well SSWD well WWater supply well CCarbon dioxide well

> 13Cable or rotary drilling code CPropose to cable tool drill RPropose to rotary drill

14Lease type code from the following table: SState PPrivate

15Ground level elevation above sea level

16Intend to mutiple complete? Yes or No

17Proposed total depth of this well

18Geologic formation at TD

19Name of the intended drilling company if known.

20Anticipated spud date.

21Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed cementing volume, and estimated top of cement

22Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.

23The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.