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) 30-025-34173

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
C.B.M.

2. Name of Operator
Long Trusts

8. Well No.
1

3. Address of Operator
P. O. Box 1336 - Kilgore, Texas 75662

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter P : 467 Feet From The South Line and 467 Feet From The East Line

Section 24 Township 19 South Range 37 East NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10,700'	Ellenburger	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3602' GL	Single Well	Peterson Drlg Co.	

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½"	13 3/8	54.5#	350	400	circ to surface
11"	8 5/8	24#, 32#	3100	1,500	circ to surface
7 7/8"	5 1/2	17#	10,700	800	500' above pay

Proposal is to test Ellenburger Sands

Mud Program: FW to 400' BW to 3100'
FW to 10,700
BOP Program: See attached sketch

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

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 Larry T. Long, Trustee TITLE Managing Trustee Long Trusts DATE 2/07/91

TYPE OR PRINT NAME Larry T. Long, Trustee TELEPHONE NO. 903-984-5017

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: