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-~~35752~~ 08870

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-1506

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: State 157 "B"

2. Name of Operator: Black Resources, Inc.

8. Well No. 1

3. Address of Operator: 1100 Mustang Trail, Granbury, TX 76049-5621

9. Pool name or Wildcat: Jalmat ~~Gas~~ T-Y-SR

4. Well Location
Unit Letter C : 330 Feet From The North Line and ~~330~~ 2310 Feet From The ~~East~~ West Line

Section 7 Township 22 S Range 36E NMPM Lea County

| 10. Proposed Depth | 11. Formation | 12. Rotary or C.T. |
|---|---|---|
| 3650' | Yates SR ~~Jalmat~~ | Rotary |

| 13. Elevations (Show whether DF, RT, GR, etc.) | 14. Kind & Status Plug. Bond | 15. Drilling Contractor | 16. Approx. Date Work will start |
|---|---|---|---|
| 3603GR | Single OK 3-11-93 | Tyler Well Serv. | 3/3/93 |

17. PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|---|---|---|---|---|---|
| 16" | 13" | 45 | 272 | 200 | surface |
| 12" | 9 5/8" | 45 | 1620 | 400 | surface |
| 8 3/4" | 7" | 24 | 3754 | 250 | surface |

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 William D. Black TITLE President DATE 3/3/93

TYPE OR PRINT NAME William D. Black TELEPHONE NO. (817) 579-1144

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE MAR 16 1993

CONDITIONS OF APPROVAL, IF ANY: