District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-101
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1 Operator Name and Address.	2 OGRID Number
TOCO, L.L.C. P.O. Box 888 Hobbs, NM 88241	003474
	3 API Number 30-025-31267

4 Property Code	5 Property Name	6 Well No.
16562	White Lightnin'	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	County
I	19	22S	33E		1980	South	660	East	Lea

8 Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

9 Proposed Pool 1	10 Proposed Pool 2
Bootleg Ridge Delaware 6930	

11 Work Type Code	12 Well Type Code	13 Cable/Rotary	14 Lease Type Code	15 Ground Level Elevation
P	O	Rotary	State	3639.1 GR
16 Multiple	**17 Proposed Depth**	**18 Formation**	**19 Contractor**	**20 Spud Date**
No	CIBP 10,100'	Delaware	Pulling Unit	ASAP

21 Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17½"	13 3/8"	61 & 68#	804'	660	
12¼"	9 5/8"	53.5 & 47#	4870'	2250	
8¾"	7"	32#	12166'	1400	

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.

Current Bone Springs perfs 10,298-486'.

Plugback to Brushy Canyon Delaware. Set CIBP @ 10,100'. Cap w/35' cement. Perforate Brushy Canyon Delaware (perfs to be determined).

BOP schematic attached.

Permit Expires 6 Months From Approval Date Unless ~~Drilling~~ Underway.

Plug back

23 I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: Deborah McKelvey

Printed name: Deborah McKelvey

Title: Agent

Date: 2/24/95

Phone: 505-392-7050

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title: DISTRICT I SUPERVISOR

Approval Date: MAR 01 1995

Expiration Date:

Conditions of Approval:

Attached ☐

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Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
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State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code	3 Pool Name
30-025-31267	06930	Bootleg Ridge Delaware

4 Property Code	5 Property Name	6 Well Number
16562	White Lightnin'	1

7 OGRID No.	8 Operator Name	9 Elevation
003474	TOCO, L.L.C.	3639.1

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	19	22S	33E		1980	South	660	East	Lea

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
40			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16

660'

1980'

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Deborah McKelvey
Signature

Deborah McKelvey
Printed Name

Agent
Title

2/24/95
Date

18 SURVEYOR CERTIFICATION

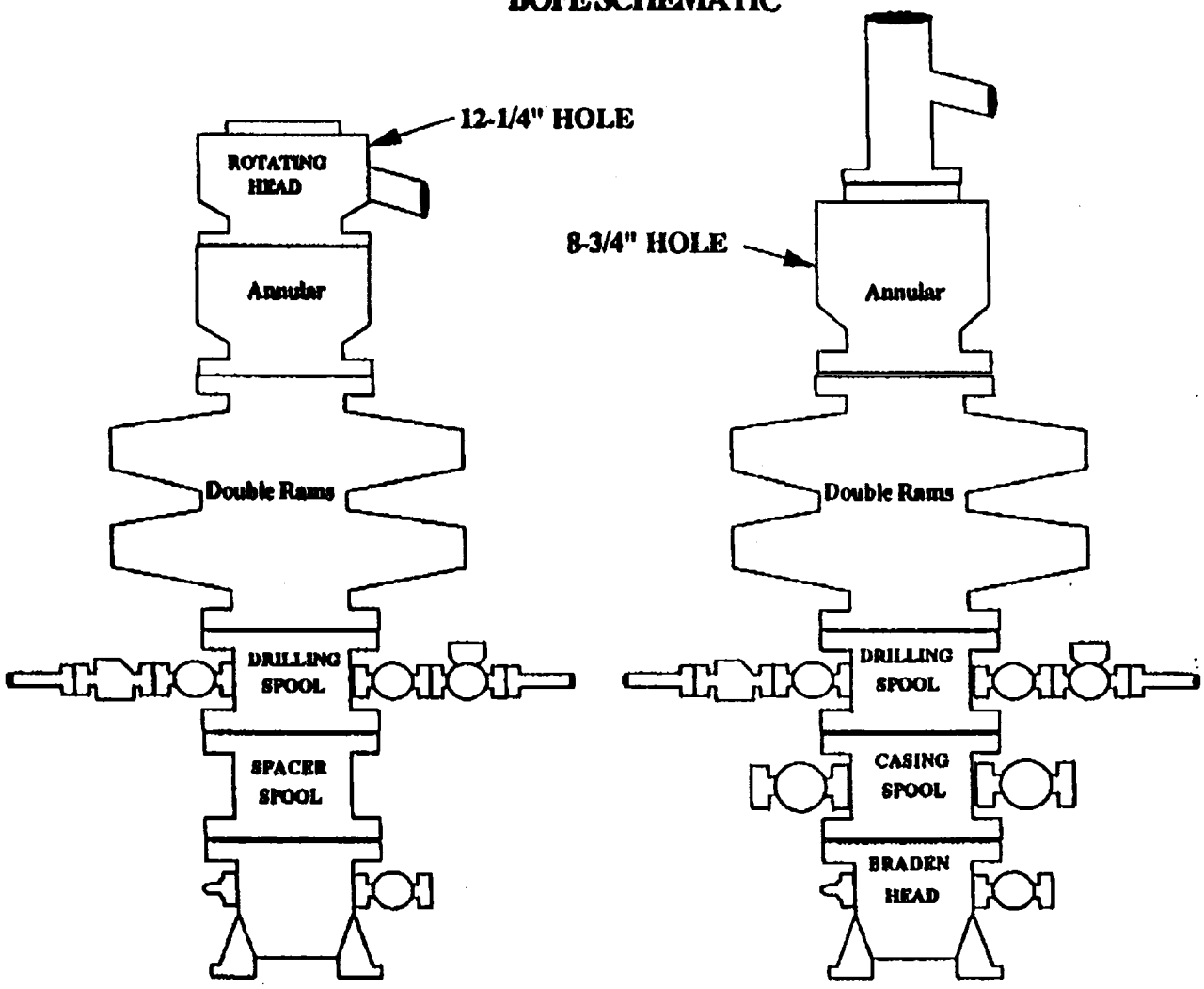
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey

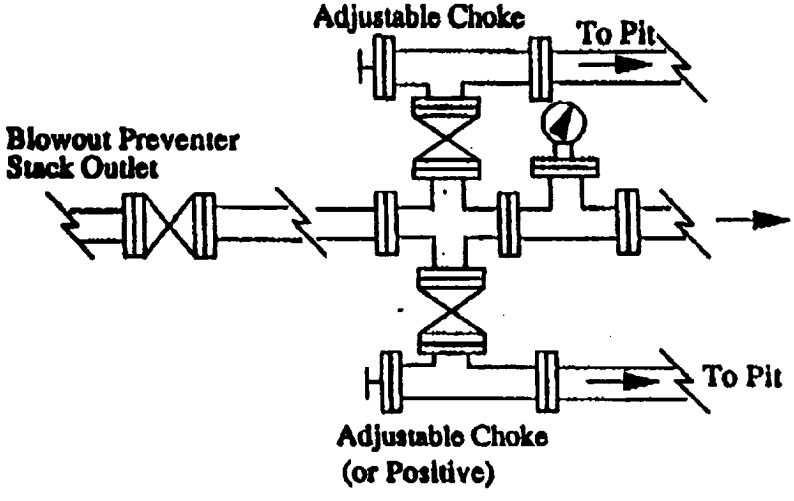
Signature and Seal of Professional Surveyer:

Certificate Number

BOPE SCHEMATIC



Choke Manifold Requirement (3000 psi WP)



Minimum 4" Nominal choke and kill lines