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) 30-025-31653

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

6. State Oil & Gas Lease No. V-2387

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: DAGGER LAKE STATE

2. Name of Operator: MERIDIAN OIL INC.

8. Well No. 1

3. Address of Operator: P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat: WILDCAT

4. Well Location
Unit Letter O : 330 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 5 Township 22S Range 33E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8850'	DELAWARE	ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3646.8'			WHEN APPROVED

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	600'	650 SX "C"	CIRC
12-1/4"	8-5/8"	28#	4500'	3000 SX "C"	CIRC
7-7/8"	5-1/2"	17#	8750'	1500 SX "H"	4000'

BOP PROGRAM: 11"-3M BOP STACK TO BE INSTALLED ON 8-5/8" CSG & LEFT FOR THE REMAINDER OF DRILLING.

EST TOPS: RUSTLER 1140'
SALADO 1270'
TANSILL 3750'
DELAWARE 4950'
CHERRY CANYON 6050'
BRUSHY CANYON 7050'
BONE SPRING 8700'

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 Roxann Scholz TITLE PRODUCTION ASST. DATE 7-20-92

TYPE OR PRINT NAME ROXANN SCHOLZ TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: