Form 3160-3 (November 1983) (formerly 9-331C) OCN-Holds

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN T. ICATE*

(Other instructions on reverse side)

Form approved. Budget Bureau No. 1004-0136 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT LC-061446 APPLICATION FOR PERMIT TO DRILL, DEEPEN, 6. IF INDIAN, ALLOTTEE OR TRIBE NAME OR PLUG BACK 1a. TYPE OF WORK DRILL [DEEPEN [7. UNIT AGREEMENT NAME PLUG BACK 🖾 b. TYPE OF WELL OIL XX MULTIPLE ZONE 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Penrcse Zia Energy Inc. 9. WELL NO. 3. ADDRESS OF OPERATOR P.O. Bcx 2510, Hcbbs, NM 88241-2510 10. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface 2086' FNL & 776' FWL Paddcck 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA At proposed prod. zone 9-2**1**S-37E 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE 12. COUNTY OR PARISH | 13. STATE 1号 miles Scuth Eunice Lea NM 15. DISTANCE FROM PROPUSED* 16. NO. OF ACRES IN LEASE NO. OF ACE TO THIS WELL 40 LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig, unit line, if any) 17. NO. OF ACRES ASSIGNED 40 18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 19. PROPOSED DEPTH 20. ROTARY OR CABLE TOOLS PBTD 49501 21. ELEVATIONS (Show whether DF, RT, GR, etc.) 22. APPROX. DATE WORK WILL START* 3424' KB 12-13-00 PROPOSED CASING AND CEMENTING PROGRAM SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH QUANTITY OF CEMENT

No Change

1.) Set CIBP @ 4950' and dump 35' cement on plug. Paddock Abandoned.

2.) Perfcrate 3798' - 3896'.3.) Acidize with 5000 gals.

4.) Put on production.

Mureau of Line 1 - agents:

/ 1 CP CP C C S N 1

DEC 1 Zudu

Caristad Fred Cimus Carisbad, F. M.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED SCATTLE Engineer

TITLE Engineer

DATE 12-13-00

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Med plat for person - CW