

| | | |
|------------------------|--|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| OPERATOR | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

| |
|--|
| 5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name Daisy "B" |
| 9. Well No. 2 |
| 10. Field and Root, or Wildcat UNDESIGNATED Langlie Mattix |
| 12. County Lea |
| 19. Proposed Depth 4000' |
| 19A. Formation Queen |
| 20. Rotary or C.T. Rotary |
| 21. Elevations (Show whether DF, RT, etc.) 3320' GL |
| 21A. Kind & Status Plug. Bond Blanket on file |
| 21B. Drilling Contractor Leatherwood Drlg. Co. |
| 22. Approx. Date Work will start 10-23-71 |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| |
|---|
| 1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> |
| b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> |
| 2. Name of Operator Millard Deck |
| 3. Address of Operator P. O. Box 1047 Eunice, New Mexico |
| 4. Location of Well UNIT LETTER N LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE OF SEC. 17 TWP. 22S RGE. 37E NMPM |
| 21. Elevations (Show whether DF, RT, etc.) 3320' GL |
| 21A. Kind & Status Plug. Bond Blanket on file |
| 21B. Drilling Contractor Leatherwood Drlg. Co. |
| 22. Approx. Date Work will start 10-23-71 |

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|----------------|----------------|-----------------|---------------|-----------------|------------------|
| 12 1/4" | 8-5/8" | 24# | 350' | 250 | Circulate |
| 7-7/8" | 5 1/2" | 14# | 4000' | 400 | 2200' |

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.

Signed Millard Deck Title Owner-Operator Date 10-21-71

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE NOV 1 1971
CONDITIONS OF APPROVAL, IF ANY:

| | | | | |
|---|-------------------------------------|-------------------------------|---------------------------------------|----------------------|
| Unit Letter N | Section 17 | Township 22 SOUTH | Range 37 EAST | County LEA |
| Actual Footage Location of Well: 660 feet from the SOUTH line and 1980 feet from the WEST line | | | | |
| Ground Level Elev. 3370 | Producing Formation QUEEN | Pool LANGLIE MATTIX | Dedicated Acreage: 40 Acres | |

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of