

Submit to Appropriate  
District Office  
State Lease -- 6 copies  
Fee Lease -- 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. ( assigned by OCD on New Wells)

30-025-31350

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.  
not applicable

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

Baker "C"

2. Name of Operator

Michael S. Morris

8. Well No.

2

3. Address of Operator

816 Ladera, Fort Worth, TX 76108

9. Pool name or Wildcat

Langlie Mattix 7 Rvrs  
Q Grayburg

4. Well Location

Unit Letter G : 2310' Feet From The North Line and 2310' Feet From The East Line

Section 26

Township 22 South Range 37 East NMPM Lea

County

10. Proposed Depth

3900'

11. Formation

Grayburg

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3313 (Ground)

14. Kind & Status Plug. Bond

Cash, applied for Capstar Drilling

15. Drilling Contractor

16. Approx. Date Work will start

August 20, 1991

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2 inch	8 5/8 inches	23 lbs.	1150'	700	surface
7 7/8 inch	4 1/2 inches	9 1/2 lbs.	3900'	250*	2900' *

Blowout preventer program is to use a Shaffer LWP 8" double ram  
type preventor as attached on the CapStar Drilling letterhead.

\*Amended

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 Michael S. Morris

TITLE

DATE

TYPE OR PRINT NAME Michael S. Morris

TELEPHONE NO 817-448-9304

(This space for State Use)

APPROVED BY

TITLE

DATE

AUG 7 1991

CONDITIONS OF APPROVAL, IF ANY: