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)
30-025-23170 ✓

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
Flat C Sharp

2. Name of Operator
KELTON OPERATING CORPORATION

8. Well No.
1

3. Address of Operator
Post Office Box 276, Andrews, Texas 79714-0276

9. Pool name or Wildcat
Blinebry, West

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 11 Township 23S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3262' GL	Blanket		April 10, 1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

PROPOSED PLUG BACK TO BLINEBRY FORMATION

1. Set Bridge plug at 5800'. Test BP to 3500#. Dump 30' sand on top of plug.
2. Perforate Blinebry at 5352' - 5615'.
3. Acidize with 4000 gallons 15% NeFe acid.
4. Swab and Test.
5. Frac down 2 7/8" tubing under packer with 36,000 gallons 50/50 CO2 and 70,000# 20/40 sand.
6. Swab or flow and test.

6" 600 series double ram blow out preventer

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 [signature] TITLE President DATE 3-16-93

TYPE OR PRINT NAME C. Dale Kelton TELEPHONE NO. 915-523-6535

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE MAR 19 1993

CONDITIONS OF APPROVAL, IF ANY: