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 29003

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: Gambi

2. Name of Operator: Chuza Operating

8. Well No. 1

3. Address of Operator: c/o Box 953, Midland, TX 79702

9. Pool name or Wildcat: Undesignated-Blinebry

4. Well Location
Unit Letter E : 1980 Feet From The N Line and 660 Feet From The W Line

Section 12 Township 22S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
PBTD - 6500'	Blinebry	rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3272' GR	one well	-	12-4-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 "	13 3/8 "	54.5 #	1223'	1030	surface
11 "	8 5/8 "	32 #	2674'	700	surface
7 7/8 "	5 1/2 "	15.5 #	7100'	200	

Filed sundry notice 12-2-92. Propose to plug back from Cline Drinkard-Abo to test the Blinebry zone at approx. 5489-5700'. Intend to set a retrievable bridge plug at 6500'.

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 Ann E. Ritchie TITLE Regulatory Agent DATE 12-3-92

TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684 6381

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE DEC 07 '92

CONDITIONS OF APPROVAL, IF ANY: