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5A. Indicate Type of Lease
STATE <input type="checkbox"/> REC <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
—

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work		7. Unit Agreement Name	
2. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Re-entry SWD</u> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name <u>Meador A</u>	
Name of Operator <u>PFO Treating Plant</u>		9. Well No. <u>1</u>	
Address of Operator <u>Drawer S Tol N.M. 88252</u>		10. Field and Pool, or Wildcat <u>—</u>	
Location of Well UNIT LETTER <u>G</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>10</u> TWP. <u>25</u> RGE. <u>36</u> NMDM		12. County <u>Lea</u>	
19. Proposed Depth <u>5426</u>		19A. Formation <u>Delaware</u>	20. Rotary or C.T.
21. Elevations (show whether D.F., R.T., etc.) <u>3165.6</u>	21A. Kind & Status Plug. Bond <u>1 well 7,500 bond</u>	21B. Drilling Contractor	22. Approx. Date Work will start <u>ASAP</u>

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	K-55 68#	1644	127.5 sk	Cir.
11	9-5/8	K-55 36#	5200	152.5 sk	3750
7-7/8	5 1/2 line	K-55 152#	4943-9550	605 sk	—

Drill out cement plugs
Complete as SWD in Delaware zone.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/3/85
UNLESS DRILLING UNDERWAY

ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODU-
E 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 Carroll Orozco Title President Date 7/30/84

(This space for State Use)

ORIGINAL SIGNED BY JERRY HEDGON

PROVED BY DEPT. OF ENERGY TITLE — DATE AUG - 3 1984

CONDITIONS OF APPROVAL, IF ANY: