

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

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

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

API NO. (assigned by OCD on New Wells)
30-025-31075

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 ☐

2. Name of Operator

Tahoe Energy, Inc.

7. Lease Name or Unit Agreement Name

Red Cloud

8. Well No.
3

3. Address of Operator

3909 W. Industrial, Midland, Texas 79703

9. Pool name or Wildcat

Jalmat Tansill Yates 7R

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 3 Township 25S Range 37E NMPM Lea County

10. Proposed Depth
3200

11. Formation
Yates, Seven River

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3127.8 GR

14. Kind & Status Plug. Bond
Blanket On File

15. Drilling Contractor
Cap Star

16. Approx. Date Work will start
December 4, 1990

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	350'	250	circulate
7-7/8"	5-1/2"	14#	3200'	675	circulate

- 1.) Double ram blowout preventors will be used.
- 2.) Form C-102 is attached.
- 3.) Location for the proposed Non-Standard Gas Proration Unit was approved in Case No. 9841 with Order No. R-9102.
- 4.) Completion will be through 5-1/2" casing, selectively perforated, acidized, and fracture treated to stimulate the Yates-Seven River perforated intervals.

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 K. A. Freeman TITLE President DATE 11/20/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date When Drilling Underway

RECEIVED

NOV 21 1990

U.S. CO.
MOBILE OFFICE