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) 30-025-31360

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: Late Thomas

2. Name of Operator: Meridian Oil Inc.

8. Well No.: 4

3. Address of Operator: P. O. Box 51810, Midland, Texas 79710-1810

9. Pool name or Wildcat: Jalmat-Tansill-Yates-7 Rivers

4. Well Location
Unit Letter P : 830 Feet From The South Line and 660 Feet From The East Line

Section 17 Township 24-South Range 37-East NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3200'	Yates Sand	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3255.7' GR	Blanket	NA Yet	Upon Approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	28#	400'	300 sxs	Surface
7-7/8"	4-1/2"	11.6#	3200'	600 sxs	Surface

Simultaneous Dedication with Well No. 1, M, 660' FSL & 660' FWL: No. 2, L, 2310' FSL & 330' FWL: No. 3, J, 1980' FSL & 2080' FEL, Sec. 17, T-24-S, R-37-E.

Dedicated existing 320 acre gas proration unit, S/2 of Sec. 17, authorized by Division Order R-1527 dated 11-17-59 previously dedicated to well #1.

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 Maria L. Perez TITLE Production Asst. DATE 8-20-91

TYPE OR PRINT NAME Maria L. Perez TELEPHONE NO 915-686-576

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NSL-3029 must be amended to reflect the correct location

NSL-3029