

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

OIL CONSERVATION DIVISION

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

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

|                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------|--|
| API NO. (assigned by OCD on New Wells)<br><b>30-025-32162</b>                                       |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |  |
| 6. State Oil & Gas Lease No.<br>B-9613                                                              |  |
| 7. Lease Name or Unit Agreement Name<br>WEST DOLLARHIDE DRINKARD UNIT                               |  |
| 8. Well No.<br>140                                                                                  |  |
| 9. Pool name or Wildcat<br>DOLLARHIDE TUBB DRINKARD                                                 |  |
| 10. Proposed Depth<br>7530'                                                                         |  |
| 11. Formation<br>DRINKARD                                                                           |  |
| 12. Rotary or C.T.<br>ROTARY                                                                        |  |
| 13. Elevations (Show whether DF, RT, GR, etc.)<br>GR-3184'                                          |  |
| 14. Kind & Status Plug. Bond<br>BLANKET                                                             |  |
| 15. Drilling Contractor<br>TO BE SELECTED                                                           |  |
| 16. Approx. Date Work will start<br>AUGUST 15, 1993                                                 |  |

|                                                                                                                                                                                                                                 |                |                 |               |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|---------------|-----------------|----------|
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK                                                                                                                                                                           |                |                 |               |                 |          |
| 1a. Type of Work:<br>DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>                                                             |                |                 |               |                 |          |
| b. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>         |                |                 |               |                 |          |
| 2. Name of Operator<br>TEXACO EXPLORATION AND PRODUCTION INC.                                                                                                                                                                   |                |                 |               |                 |          |
| 3. Address of Operator<br>P. O. Box 3109, Midland, Texas 79702                                                                                                                                                                  |                |                 |               |                 |          |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1850</u> Feet From The <u>EAST</u> Line<br>Section <u>32</u> Township <u>24-SOUTH</u> Range <u>38-EAST</u> NMPM <u>LEA</u> County |                |                 |               |                 |          |
| 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         | 48#             | 40'           | REDI-MIX        | SURFACE  |
| 12 1/4                                                                                                                                                                                                                          | 8 5/8          | 24#             | 1200'         | 700             | SURFACE  |
| 7 7/8                                                                                                                                                                                                                           | 5 1/2          | 15.5# & 17#     | 7530'         | 2000            | SURFACE  |

CEMENTING PROGRAM: CONDUCTOR - REDIMIX.  
SURFACE CASING - 500 SX CLASS C w/ 4% GEL & 2% CaCl<sub>2</sub> (13.5ppg, 1.74cf/s, 9.1gw/s). F/B 200 SX CLASS C w/ 2% CaCl<sub>2</sub> (14.8ppg, 1.32cf/s, 6.3gw/s).  
PRODUCTION CASING - 1500 SX 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE (12.8ppg, 1.94cf/s, 10.4gw/s). F/B 500 SX CLASS H (15.6ppg, 1.18cf/s, 5.2gw/s).

OXY OPERATES A WELL IN THIS QUARTER QUARTER SECTION AND HAS BEEN FURNISHED A COPY OF THIS APPLICATION.  
THIS IS A REPLACEMENT WELL FOR WELL NO. 61 WHICH WILL BE PLUGGED.

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 C. P. Basham / cwb TITLE DRILLING OPERATIONS MANAGER DATE 08-02-93  
TYPE OR PRINT NAME C. P. BASHAM TELEPHONE NO. (915) 688-4621

(This space for State Use)

Original  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 24 1993

CONDITIONS OF APPROVAL, IF ANY:

WFX-646 amended

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Grande Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

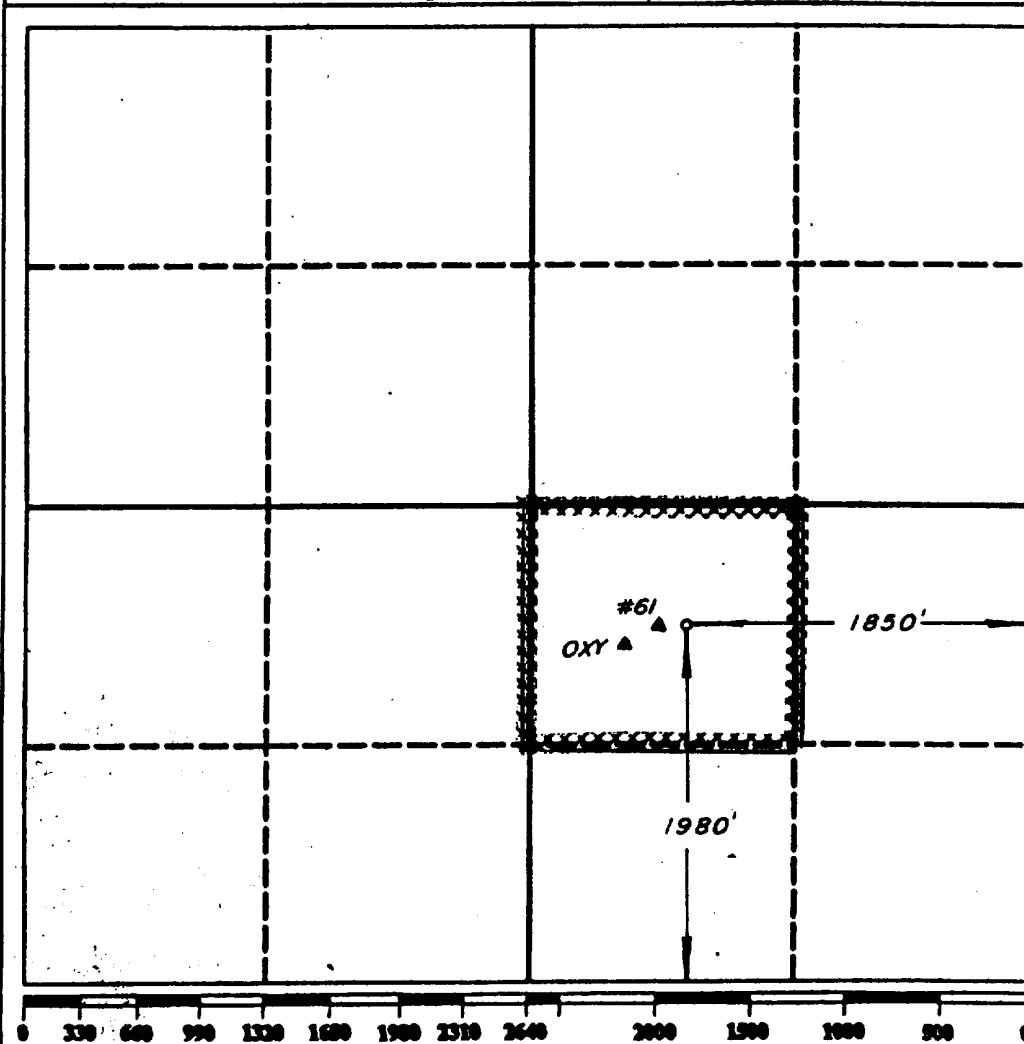
All Distances must be from the outer boundaries of the section

|                                                             |                      |                             |                                               |                      |                        |
|-------------------------------------------------------------|----------------------|-----------------------------|-----------------------------------------------|----------------------|------------------------|
| Operator<br><b>TEXACO EXPLORATION &amp; PRODUCTION INC.</b> |                      |                             | Lease<br><b>WEST DOLLARHIDE DRINKARD UNIT</b> |                      | Well No.<br><b>140</b> |
| Unit Letter<br><b>J</b>                                     | Section<br><b>32</b> | Township<br><b>24 SOUTH</b> | Range<br><b>38 EAST</b>                       | County<br><b>LEA</b> |                        |

Actual Footage Location of Well:

|                                    |                                                    |                                           |                                       |
|------------------------------------|----------------------------------------------------|-------------------------------------------|---------------------------------------|
| 1980 feet from the SOUTH line and  |                                                    | 1850 feet from the EAST line              |                                       |
| Ground level Elev.<br><b>3184'</b> | Producing Formation (ABO & TUBB DRINKARD DRINKARD) | Foot<br><b>DOLLARHIDE TUBB - DRINKARD</b> | Dedicated Acreage:<br><b>40</b> Acres |

- Outline the acreage dedicated to the subject well by colored pencil or ink on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, forced-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and trust descriptions which have actually been consolidated. (Use reverse side of this form if necessary).  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
*R.D. Mariott*

Printed Name  
**R.D. MARIOTT**

Position  
**DIVISION SURVEYOR**

Company  
**TEXACO EXPLORATION & PRODUCTION INC**

Date  
**JULY 29, 1993**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**JULY 29, 1993**

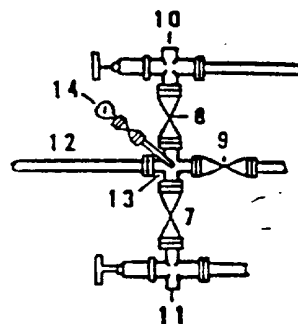
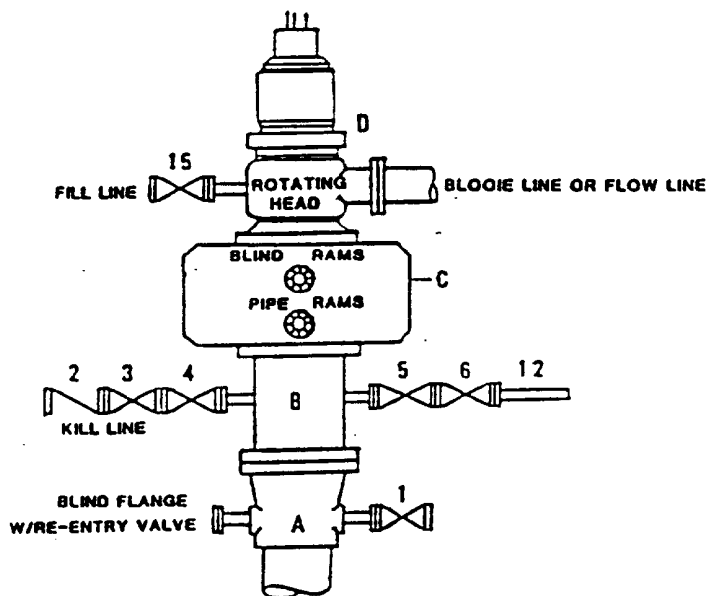
Signature & Seal of  
Professional Surveyor

*Paul L. [Signature]*

Certificate No.  
**4882**

**DRILLING CONTROL  
CONDITION II-B 3000 WP  
FOR AIR DRILLING OR  
WHERE NITROGEN OR AIR BLOWS ARE EXPECTED**

H<sub>2</sub>S TRIM REQUIRED  
YES ☒ NO ☐



**DRILLING CONTROL**

**MATERIAL LIST - CONDITION II - B**

- |                |                                                                                                                                                                                                     |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A              | Texaco Wellhead                                                                                                                                                                                     |
| B              | 3000# W.P. drilling spool with a 2" minimum flanged outlet for kill line and 3" minimum flanged outlet for choke line.                                                                              |
| C              | 3000# W.P. Dual ram type preventer, hydraulic operated with 1" steel, 3000# W.P. control lines (where sub-structure height is adequate, 2 - 3000# W.P. single ram type preventers may be utilized). |
| D              | Rotating Head with fill up outlet and extended Blooie Line.                                                                                                                                         |
| 1,3,4,<br>7,8, | 2" minimum 3000# W.P. flanged full opening steel gate valve, or Halliburton Lo Torc Plug valve.                                                                                                     |
| 2              | 2" minimum 3000# W.P. back pressure valve.                                                                                                                                                          |
| 5,6,9          | 3" minimum 3000# W.P. flanged full opening steel gate valve, or Halliburton Lo Torc Plug valve.                                                                                                     |
| 12             | 3" minimum schedule 80, Grade "B", seamless line pipe.                                                                                                                                              |
| 13             | 2" minimum x 3" minimum 3000# W.P. flanged cross.                                                                                                                                                   |
| 10,11          | 2" minimum 3000# W.P. adjustable choke bodies.                                                                                                                                                      |
| 14             | Cameron Mud Gauge or equivalent ( location optional in choke line).                                                                                                                                 |
| 15             | 2" minimum 3000# W.P. flanged or threaded full opening steel gate valve, or Halliburton Lo Torc Plug valve.                                                                                         |



TEXACO, INC.  
MIDLAND DIVISION  
MIDLAND, TEXAS



|            |      |          |          |
|------------|------|----------|----------|
| SCALE      | DATE | EST. NO. | DRG. NO. |
| DRAWN BY   |      |          |          |
| CHECKED BY |      |          |          |

EXHIBIT C