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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
 STATE ☒ FEE ☐
 5. State Oil & Gas Lease No.
 V-242

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Davis State
2. Name of Operator Cavalcade Oil Corporation		9. Well No. #1
3. Address of Operator P.O. Box 16187, Lubbock, Texas 79490		10. Field and Pool, or Wildcat Undesignated San Andres
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>13</u> TWP. <u>18S</u> RGE. <u>36E</u> NMPM		12. County Lea
19. Proposed Depth 5300'		19A. Formation San Andres
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, KT, etc.) 3769.1
21A. Kind & Status Plug. Bord Blanket		21B. Drilling Contractor Peterson Drilling
22. Approx. Date Work will start 4-12-85		

23.

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	24#	1350	675	Circulate
7 7/8	4 1/2	9.5#, 10.5#	5300	650	3,000

Install 3000 PSI Double Ram - Hydraulic BOP at nipple up of surface casing

void

Permit Expires 12 Months from Approval
 Date Unless Drilling Underway.

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.

Signed Randall L. Camps Title Vice President - Land Date 3/28/85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR - 1 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR -1 1985

O.C.D.
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