

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

WELL API NO.	30-015-26293
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Carrasco 14
8. Well No.	2
9. Pool name or Wildcat	E. Loving (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	2988.9 GR.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator RB Operating Company ✓	
3. Address of Operator 2412 N. Grandview, Suite 201, Odessa, Texas 79761	
4. Well Location Unit Letter G : 1806 Feet From The North Line and 2013 Feet From The East Line Section 14 Township 23S Range 28E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2988.9 GR.	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Name Change <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

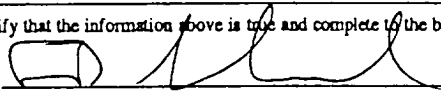
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Drill 12 1/4" hole to depth of 550'.
2. Seat 8 5/8" casing to 550' and cement same to surface.
3. Test casing and B.O.P.'s to 1500 psi, prior to drilling out shoe joint.
4. Drill 7 7/8" hole to a depth of 6400', log and evaluate.

Post ID-1
4-20-90
Amend Lic.
Chg. well name

(Previously permitted as South Culebra Bluff 14-1, name change to Carrasco 14-2).

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

SIGNATURE  TITLE Area Manager DATE 4/11/90
(915)
TYPE OR PRINT NAME F.D. Schoch TELEPHONE NO. 362-6302

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 16 1990

CONDITIONS OF APPROVAL, IF ANY:

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

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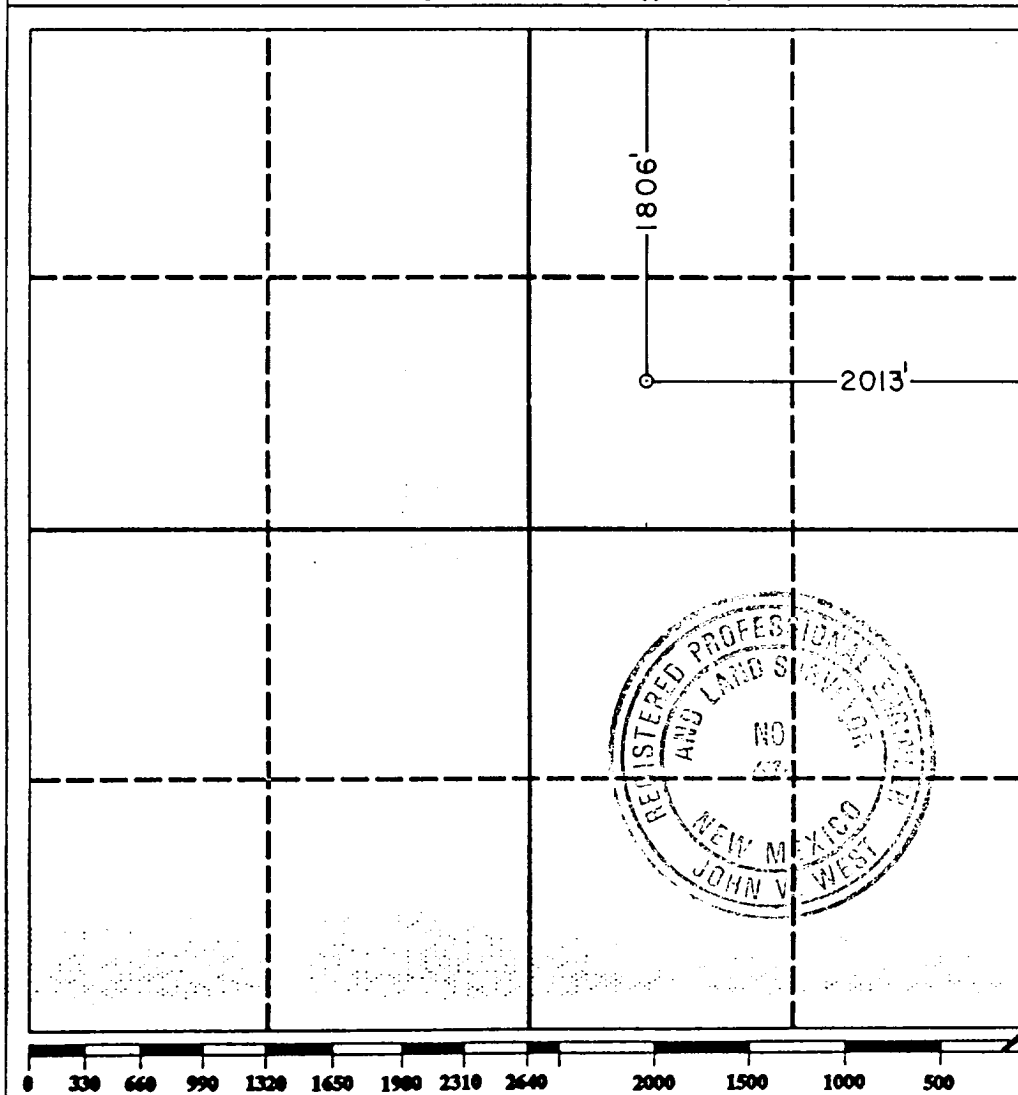
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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator R. B. OPERATING CO.		Lease Carrasco 14		Well No. 2
Unit Letter G	Section 14	Township 23 South	Range 28 East	County Eddy
Actual Footage Location of Well: 1806 feet from the North line and 2013 feet from the East line				
Ground level Elev. 2988.9	Producing Formation <i>Delaware</i>	Pool <i>E. Loving Delaware</i>	Dedicated Acreage: <i>40</i> Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____</p> <p>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.</p>				



OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature _____ F.D. Schoch Printed Name Area Manager Position RB Operating Company Company 4/11/90 Date	
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 February 15, 1990 Signature & Seal of Professional Surveyor <i>John W. West</i> Certificate No. JOHN W. WEST, 676 RONALD J. EIDSON, 3239	

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