

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
APR 23 '90

A. C. D.
ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)

30-015-26349

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

Carrasco 14

2. Name of Operator

RB Operating Company

8. Well No.

5

3. Address of Operator

2412 N. Grandview, Suite 201, Odessa, Texas 79761

9. Pool name or Wildcat

E. Loving (Delaware)

4. Well Location

Unit Letter I : 1944 Feet From The South Line and 624 Feet From The East Line

Section 14 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth

6400

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

2972.3 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Grace

16. Approx. Date Work will start

8/5/90

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	24	525	400	Circ.
7 7/8	5 1/2	15 1/2	6400	2000	Circ.

1. Drill 12 1/4" hole to depth of 550'.
2. Set 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
4-27-90

New Loc + API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 10/24/90
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.

SIGNATURE [Signature] TITLE Area Manager DATE 4/19/90

TYPE OR PRINT NAME F.D. Schoch (915)
TELEPHONE NO. 362-6302

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 24 1990

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

RECEIVED

OIL CONSERVATION DIVISION

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

APR 23 '90

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P.O. Box 1980, Hobbs, NM 88240

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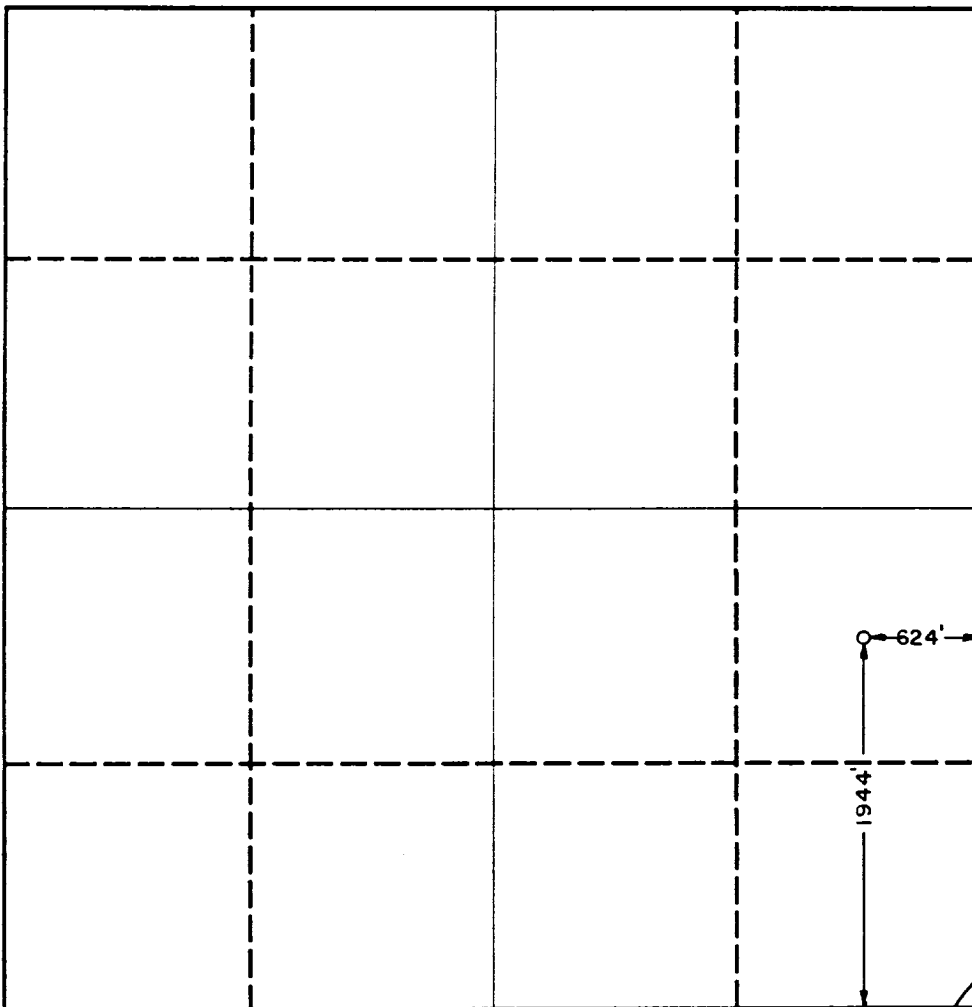
WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

A. C. D.
ARTESIA OFFICE

Operator R. B. OPERATING CO.			Lease CARRASCO 14		Well No. 5
Unit Letter I	Section 14	Township 23 SOUTH	Range 28 EAST	County NMPM	EDDY
Actual Footage Location of Well: 1944 feet from the SOUTH line and 624 feet from the EAST line					
Ground level Elev. 2972.3'	Producing Formation <i>Delaware</i>		Pool <i>E. Del Norte - Delaware</i>	Dedicated Acreage: <i>110</i> Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks 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, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract 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 *F.D. Schoch*
Printed Name
F.D. Schoch
Position
Area Manager
Company
RB Operating Company
Date
4/19/90

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
April 12, 1990
Signature of Professional Surveyor
John W. West
Professional Surveyor
NO. 676
JOHN W. WEST
876
3239

LOP STACK

