

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

458

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

API NO. (assigned by OCD on New Wells)

30-015-27205

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

Gumby

2. Name of Operator

Chi Operating, Inc. ✓

RECEIVED

8. Well No.

1

3. Address of Operator

P. O. Box 1799, Midland, TX 79702

NOV 19 1992

9. Pool name or Wildcat

Und Delaware

4. Well Location

Unit Letter

I

: 990

Feet From The

East

O. C. D.  
ARTESIA

Line and

2310

Feet From The

South

Line

Section 23

Township 24-S

Range 28-E

NMPM

Eddy

County

10. Proposed Depth

6,500

11. Formation

Delaware

12. Rotary or C.T.

Rotary

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

2933 GR

14. Kind & Status Plug. Bond

\$50,000.00 BK

15. Drilling Contractor

McGee Drg

16. Approx. Date Work will start

11/23/92

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#	600	500	Surface
7 7/8"	5 1/2"	17#	6,500	800	4000'

Drill well to 6500' + or - and test Delaware Formation.

BOP is a 12" 3000PSI Shaffer Tyere Double Ram.

Part ID-1  
11-27-92  
New Loc & API

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 5-19-93  
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 

TITLE President

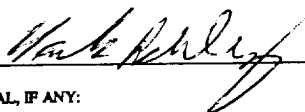
DATE 11/17/92

TYPE OR PRINT NAME David H. Harrison

TELEPHONE NO.

(This space for State Use)

APPROVED BY



TITLE

DATE

NOV 19 1992

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**

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

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
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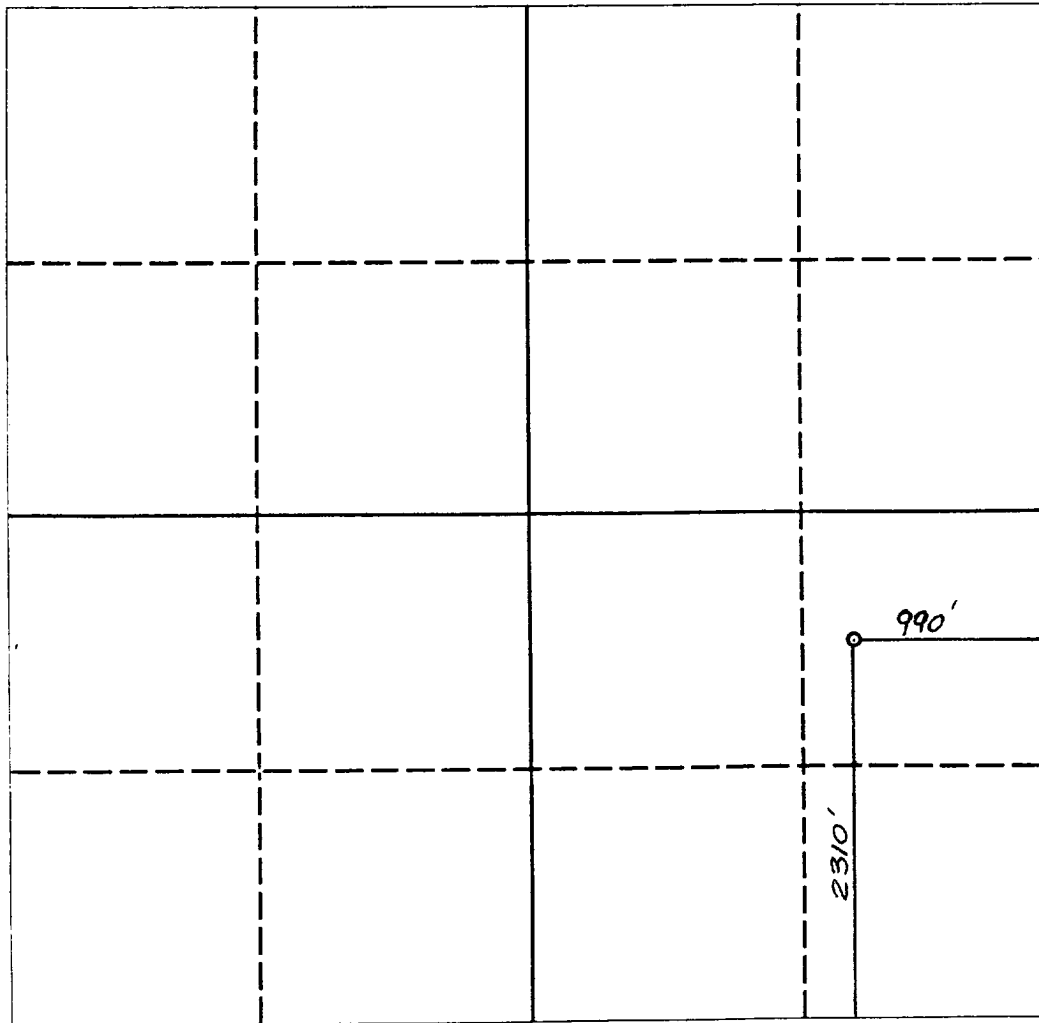
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

Operator <b>CHI OPERATING INC</b>			Lease <b>GUMBY</b>		Well No. <b>1</b>
Unit Letter <b>I</b>	Section <b>23</b>	Township <b>24 SOUTH</b>	Range <b>28 EAST</b>	County <b>EDDY COUNTY, NM</b>	
Actual Footage Location of Well: <b>2310</b> feet from the <b>SOUTH</b> line and <b>990</b> feet from the <b>EAST</b> line					
Ground level Elev. <b>2933.</b>	Producing Formation <b>DECAWANE</b>		Pool <b>Ums DECAWANE</b>		Dedicated Acreage: <b>40</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
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).
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.?  
☐ 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 *[Signature]*  
Printed Name **DAVID HARRISON**  
Position **CHI OPERATING, Inc**  
Company **11/17/92**  
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  
**NOVEMBER 11 1992**

Signature & Seal of Professional Surveyor  
*[Signature]*  
**NEW MEXICO**  
**REGISTERED PROFESSIONAL ENGINEER**  
**5412**  
**CERTIFICATE NO. SURVEYOR**  
**5412**  
**NEW MEXICO**