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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65 031
30-033 30106

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
K-2462

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

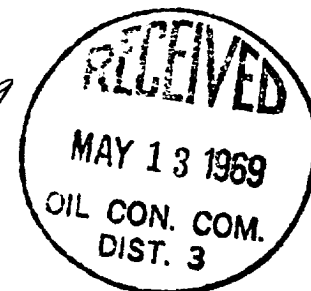
1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Unit Agreement Name
1b. Type of Well GAS <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Firm or Lease Name N.M. STATE
1c. Name of Operator GRIFFIN SLAUGHTER DR Robert T. Smith			9. Well No. 2
1d. Address of Operator 2626 Adams St. Denver, Colorado			10. Field and Pool, or Wildcat WILDCAT
1e. Location of Well UNIT LETTER F LOCATED 1650 FEET FROM THE NORTH LINE AND 1150 FEET FROM THE WEST LINE OF SEC. 32 TWP. 20N RGE. 9W NMPM			12. County McKinley
19. Proposed Depth 1600'			19A. Formation CHICRA
20. Rotary or C.T. Rotary			22. Approx. Date Work will start MAY 17, 1969
21A. Kind & Status Plug Bond STATEWIDE		21B. Drilling Contractor SELF	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
4 3/4"	2"		550	20	550

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES August 19, 1969



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA
PRESENT PRESENT ZONE AND PROPOSED NEW PRODUCTION

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

Signed Robert T. Smith Title Operator Date May 17, 1969

(This space for State Use)

APPROVED BY Cecily Ames TITLE Sup Dist DATE 5-21-69

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

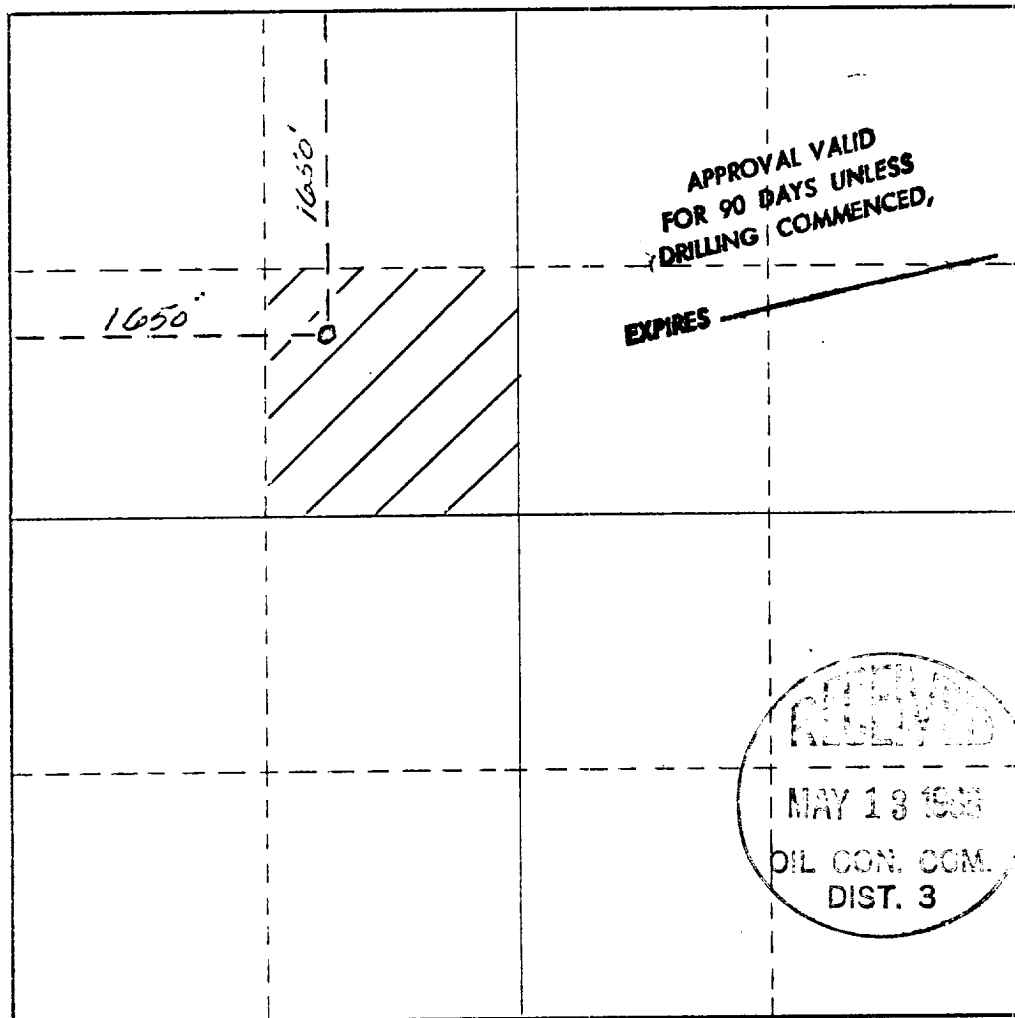
Operator <i>Dr. Robert T. Smith</i> <i>ORVILLE SLAUGHTER</i>		Lease <i>N. M. STATE</i>		Well No. <i>2</i>
Unit Letter <i>F</i>	Section <i>32</i>	Township <i>20N</i>	Range <i>9W</i>	County <i>MCKINLEY</i>
Actual Footage Location of Well: <i>1650</i> feet from the <i>NORTH</i> line and <i>1650</i> feet from the <i>WEST</i> line				
Ground Level Elev.	Producing Formation <i>CHACRA</i>	Pool <i>WILDCAT</i>	Dedicated Acreage: <i>40</i> <i>SE 1/4 NW 1/4</i> 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 interests 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 interests, has been approved by the Commission.



CERTIFICATION

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

Name *Orville Slaughter*
Position *OPERATOR*

Company *SELF*

Date *MAY 12, 1969*

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 *May 10, 1969*

Registered Professional Engineer and/or Land Surveyor

R. J. Scanton

Certificate No. *1457*

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0