

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐
SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
Basin Fuels, Incorporated

3. ADDRESS OF OPERATOR
Suite 300, 300 W. Arrington, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface P 330' FWL 990' FEL ✓

At proposed prod. zone
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
22 miles SE Counselor, N.M.; 5 miles SW Ojo Encino School

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any) 330'

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 330'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
6730' GR

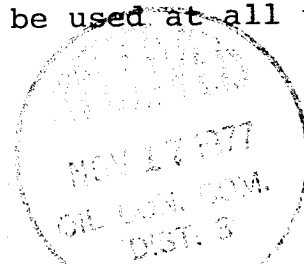
23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
11½	8-5/8	24#	100	100 sx.
7-7/8	4-1/2	9.50#	3000	150 sx.

Set 8-5/8 surface casing at 100' and circulate cement. Drill to 3000', run logs, if production is indicated, set and cement 4-1/2" production casing with 150 sacks cement. Gun perforate, fracture treat in a completion attempt. If non-commercial, will plug and abandon in accordance with U.S.G.S. abandonment instructions and restore surface.

A 10" Shaffer 3000 Series blow-out preventer will be used at all times material to the drilling of the well in question.

Amended Location



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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED *Paul B. Bunn, Jr.* TITLE President DATE November 14, 1977

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Abal

State

*See Instructions On Reverse Side