

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Celsius Energy Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

SE SW, 892' FSL, 1743' FWL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

Approximately 50 miles South of Farmington, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

1743'

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

None

16. NO. OF ACRES IN LEASE

3,754.030

19. PROPOSED DEPTH

3900'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

-- 42.70

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DE, BS, CP, etc.)

66-5974
5975

22. APPROX. DATE WORK WILL START*

November 25, 1985

23. DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO COMPLIANCE WITH ATTACHED

"GENERAL REQUIREMENTS" PROPOSED CASING AND CEMENTING PROGRAM

This action is subject to technical and
procedural review pursuant to 43 CFR 3165.3,
and appeal pursuant to 43 CFR 3166.4.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12-1/4	9-5/8	36	300'
7-7/8	5-1/2	17	3900'

300' Type G w/3% CaCl & 1# flocl.
50-50 Pozmix 1000' above upper-
most producing zone.

See Attached Summary

See attached drilling plan.

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DIST. 3

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DIST. 3

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 A. J. Maser TITLE Drilling Superintendent DATE November 1, 1985

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OK
EB

NMOCC

*See Instructions On Reverse Side

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as submitted to me by the applicant, and I willfully make to any department or agency of the

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-64

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

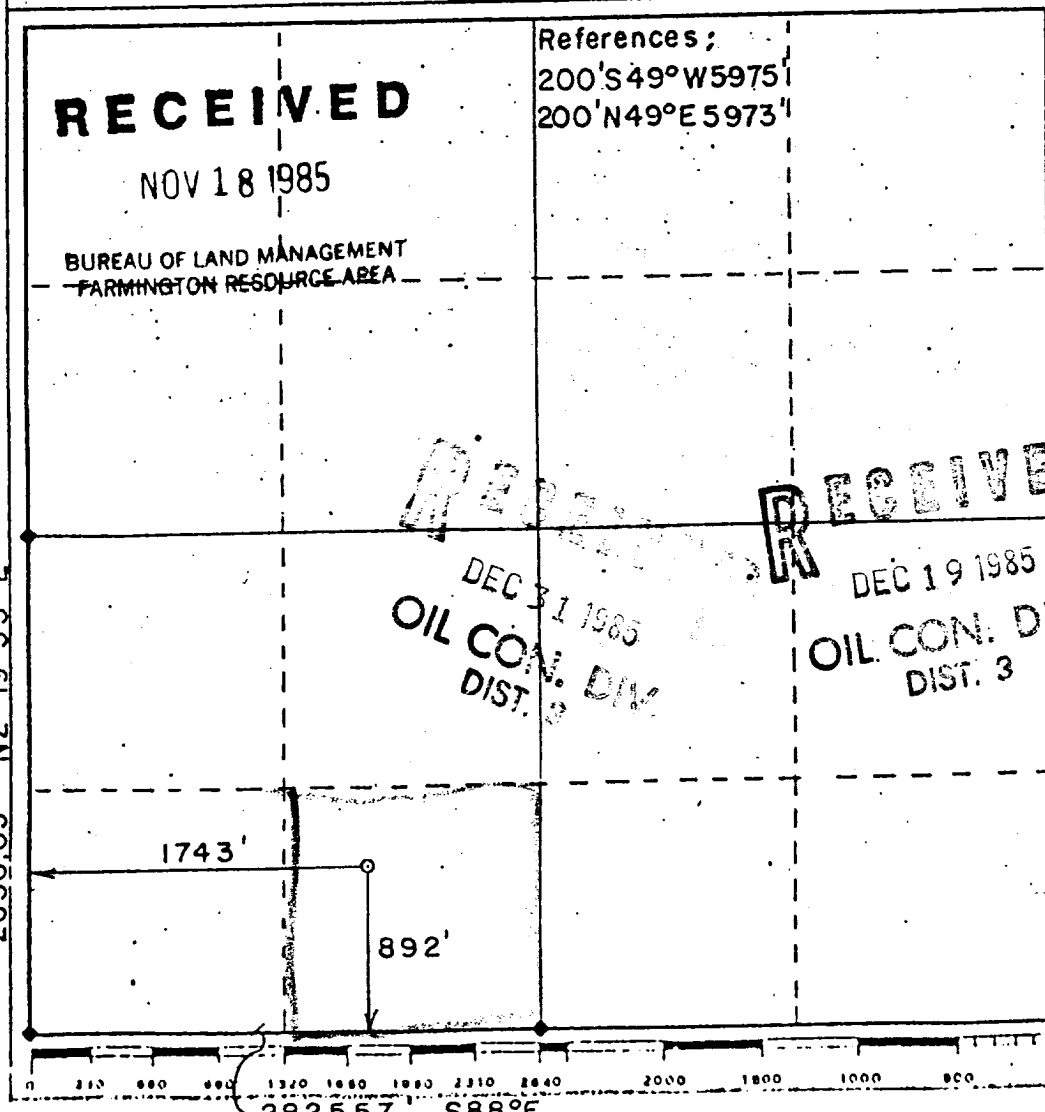
Operator CELSIUS ENERGY		Lease ET Land		Well No. ET Land 1
Unit Letter N	Section 4	Township 23 North	Range 12 West	County San Juan
Actual Footage Location of Well:				
892 feet from the South		line and 1743 feet from the West		line
Ground Level Elevation 5974.61 ± 0.0	Producing Formation Ballup	Pool wildcat	Dedicated Acreage 42.70 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.

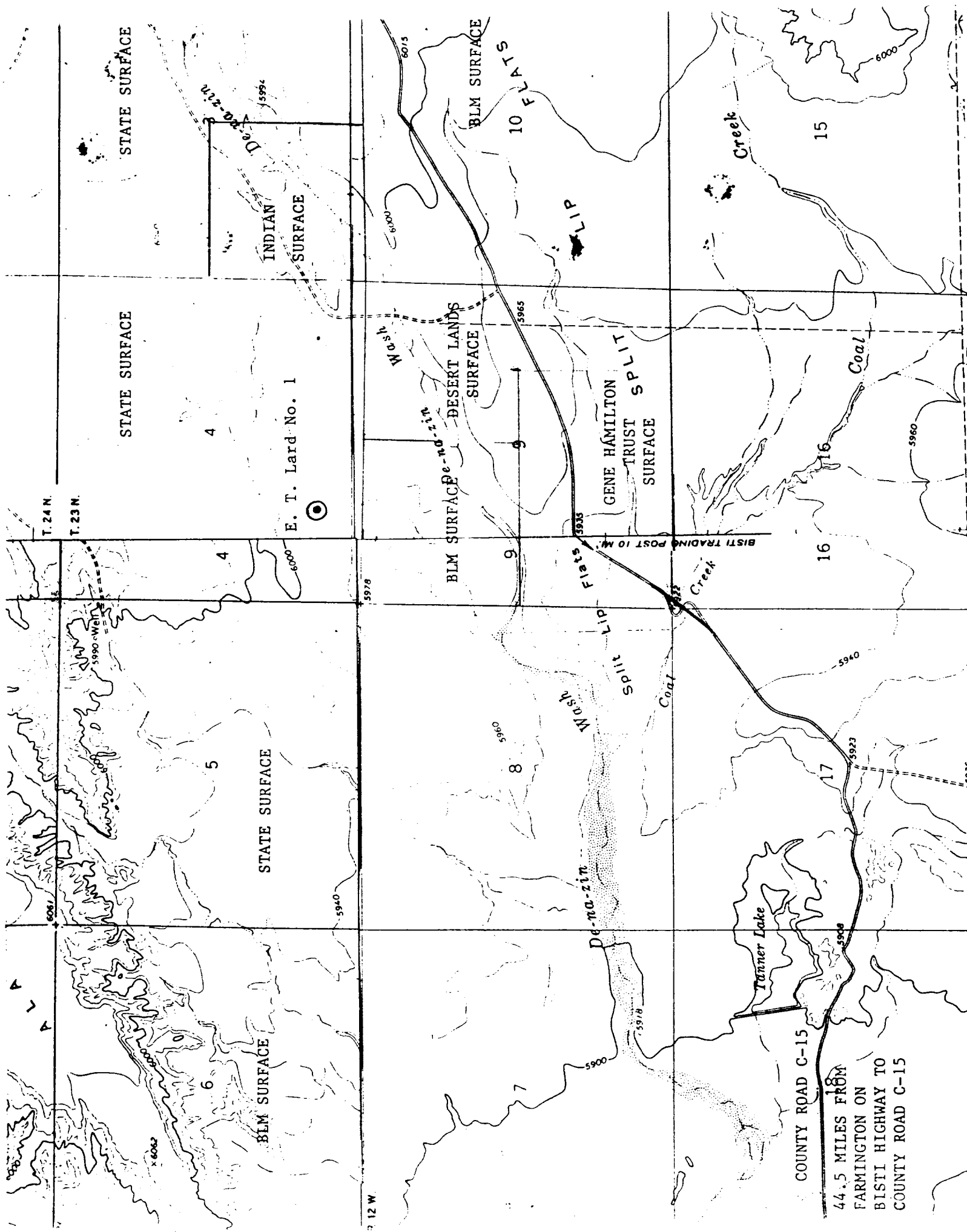
A. J. Maser

Name
Drelling Dept
Position
Celsius Energy
Company

12/27/85

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
12/27/85
Responsible Professional Engineer
and of Survey
8844
Deirdre A. Haddley
Certification
8844



COUNTY ROAD C-15

44.5 MILES FROM
FARMINGTON ON
BISTI HIGHWAY TO
COUNTY ROAD C-15

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-55849	
2. NAME OF OPERATOR Celsius Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with applicable requirements. See also space 17 below.) At surface SE SW, 892' FSL, 1743' FWL		8. FARM OR LEASE NAME E. T. Lard	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-23N-12W, NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether surface or true) 5975 CG 5974'	12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Amend APD <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In accordance with the telephone conversation between Earl and Pat Brotherton, Drilling Engineer for Celsius Energy Company, of this date, the following information is provided as requested:

Casing Program:

Footage	Size	Grade	Wt.	Condition	Thread	Cement
300'	9-5/8	K-55	36	New	8 rd ST&C	300'/207 cubic feet/180 sacks of Regular Type G cement with 3% CaCl and 1/4-pound flocele per sack.
3900	5-1/2	K-55	17	New	8 rd LT&C	3900'/811 cubic feet/644 sacks of 50-50 Pozmix with 2% gel. Will cement from 3900' to 300'. One stage cementing program.

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18. I hereby certify that the foregoing is true and correct

SIGNED A. J. Maurer TITLE Drilling Superintendent DATE December 13, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within the jurisdiction of such department or agency.

Arlan S. Hiner