

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

OCD ☐ AMENDED REPORT

FEB 01 2018

RECEIVED

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address Grand Banks Energy Co 10 Desta Drive, Suite 300E, Midland, TX 79705		2. OGRID Number 155471
3. Property Code 022877		3. API Number 30-025-28787
4. Property Name Anderson Ranch 10 State		4. Well No. 001

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	10	16S	32E		660	North	660	East	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

Pool Name WC-024 @-05 S167210 A; ABO	Pool Code 98269
---	--------------------

Additional Well Information

11. Work Type A	12. Well Type O	13. Cable/Rotary	14. Lease Type S	15. Ground Level Elevation 4317.2
16. Multiple N	17. Proposed Depth 10050	18. Formation Wolfcamp	19. Contractor	20. Spud Date 02/01/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

x We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program


Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
S	17 1/2	13 3/8	54.5	500	700	0
I	11	8 5/8	28	4200	1800	0
P	7 7/8	5 1/2	15.5, 17	10050	1700	820

Casing/Cement Program: Additional Comments

Well was originally drilled in 1984. We are just adding a zone from 8930-8960'.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/> , if applicable. Signature: Denise Jones		OIL CONSERVATION DIVISION	
Printed name: Denise Jones		Approved By: 	
Title: Regulatory Analyst		Title: Petroleum Engineer	
E-mail Address: djones@cambrianmgmt.com		Approved Date: 02/09/18 Expiration Date: 02/09/20	
Date: 01/29/2018	Phone: 432-620-9181	Conditions of Approval Attached	

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____