District I 1625 N. French Di Phone: (575) 393-				State of New Mexico Energy Minerals and Natural Resources							
District II 811 S. First St., A Phone: (575) 748-				00	Oil Conservation Division HOBBS OCD						
District III 1000 Rio Brazos F				ancis Dr.							
Phone: (505) 334-6178 Fax: (505) 334-6170 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505				Santa Fe, NM 87505					018		
Phone: (505) 476-	5) 476-3462			RECEIVED							
APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE Operator Name and Address OGRID Number											
¹ Operator Name and Address STEPHENS & JOHNSON OPERATING CO							019958				
		P O BOX	(2249	2249				* API Number 30-025-25696			
4. Prope	erty Code			³ Property Name E O CARSON (PREV – CDU 422)				·	• Well No.		
32449 E O CARSON (PRE) ^{7.} Surface Lo											
UL - Lot Section Township			p Range	Range Lot Idn Fee				Feet From	E/W Line	County	
D	33	215	37E		1155	,	N	1000'	W	LEA	
* Proposed Bottom Hole Location											
UL - Lot D			P Range 37E	Lot Idn	Feet fro 1249		/S Line N	Feet From 1301'	E/W Line W	County LEA	
^{9.} Pool Information											
Pool Name TUBB OIL & GAS (PRO						GAS)			Pool Code 86440		
Additional Well Information											
P Vell Type ¹² Well Type ¹³ Cable/R P R										Ground Level Elevation 3465' GR	
^{16.} Multiple			17. Proposed Dept	Proposed Depth ¹⁸ Format			on ¹⁹ Contracto		²⁰ Spud Date		
NO 67. Depth to Ground water				738' DRINKARD Distance from nearest fresh water v			NA Distance t		1/10/18 to nearest surface water		
72' 600'							NO SURFACE WATER IN AREA				
We will be using a closed-loop system in lieu of lined pits											
			21	Proposed Ca	asing and	Cement P	ogram				
Type Hole Size		Casing Size	Casing We	Casing Weight/ft		Setting Depth		ement	Estimated TOC		
SURFACE	FACE 17 1/2		13 3/8	48	48		411'			SURF	
INT	INT 11		8 5/8	24		2690'		800		SURF	
PROD 7 7/8		7/8	5 1/2		15.5		6738'			SURF	
			Casi	ng/Cement Pr	ogram: A	dditional	Comment	5			
				Duese							
^{22.} Proposed Blowout Pro						Test Pressure Manufacturer					
Type MANUAL				Working Pressure 5000	5000				SHAFFER		
^{23.} I hereby certify that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION					
I further certify that I have complied with 19:15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC , if applicable. Signature:							Approved By:				
Printed name: BOB GILMORE						Title: Petroleum Engineer					
Title: VICE PRESIDENT							Approved Date: 2-20-18 Expiration Date: 2-20-20				
E-mail Address: BGILMORE@SJOC.NET											
Date: 12-28-17 Phone: 940-723-2166 Conditions of Approval Attached											