

GTLT - _____8_____

**9-27S-19W
Aminoil USA, Inc.
(Hidalgo County)**

GTR-230 NMA-10

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NEW MEXICO OIL CONSERVATION COMMISSION

P. O. Box 2088, Santa Fe 87501

APR - 7 1977

APPLICATION FOR PERMIT TO DRILL, DEEPEN,
OR PLUG BACK--GEOTHERMAL RESOURCES WELL

5. Indicate Type of Lease
STATE FEE

5.a. State Lease No.
GTR-230

BLM 1

1a. Type of Work Drill Deepen Plug Back
 b. Type of Well Geothermal Producer Temp Observation
 Low-Temp Thermal Injection/Disposal

7. Unit Agreement Name
--
8. Farm or Lease Name
--

2. Name of Operator
Aminoil USA, Inc.
3. Address of Operator
P.O. Box 11279, 1150 A Coddington Center
Santa Rosa, California 95406

9. Well No.
N.M.A. -10
10. Field and Pool, or Wildcat
Wildcat

4. Location of Well UNIT LETTER L -- LOCATED 2600 FEET FROM THE South LINE
AND 1100 FEET FROM THE West LINE OF SEC. 9 TWP. 27 S RGE. 19 W NMPM

12. County
Hidalgo

19. Proposed Depth 500'	19A. Formation Palaeozoic Limestone	20. Rotary or C.T. Rotary
21. Elevations (Show whether DE, RT, etc.) 4390 A.S.L. (GE)	21A. Kind & Status Plug. Bond 8073-83-26	21B. Drilling Contractor Cason Drilling Co.
		22. Approx. Date Work will start April 1977

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

- 1) Dig 5x5x5 feet sump.
- 2) Drill 4 1/2" hole to 500 feet with air or bentonite gel when needed.
- 3) Run 1 1/4" black pipe from surface to T.D., with plug at bottom.
- 4) Fill annulus with bentonite gel and rock cuttings, upper 20 feet filled with cement.
- 5) Fill black pipe with water.
- 6) Fill sump, repair ground.
- 7) Take temperature surveys up to 4 months after completion.
- 8) Cut off tubing below ground, cap, abandon, repair ground.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES 7/3/77

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. Give blowout preventer program, if any.

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

Signed A.R. Wall Title District Geologist Date 3/9/77

(This space for State Use)

APPROVED BY Carl Ulvog TITLE SENIOR PETROLEUM GEOLOGIST DATE 4/4/77

CONDITIONS OF APPROVAL, IF ANY:

GEOHERMAL RESOURCES WELL LOCATION AND ACREAGE DEDICATION PLAT

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

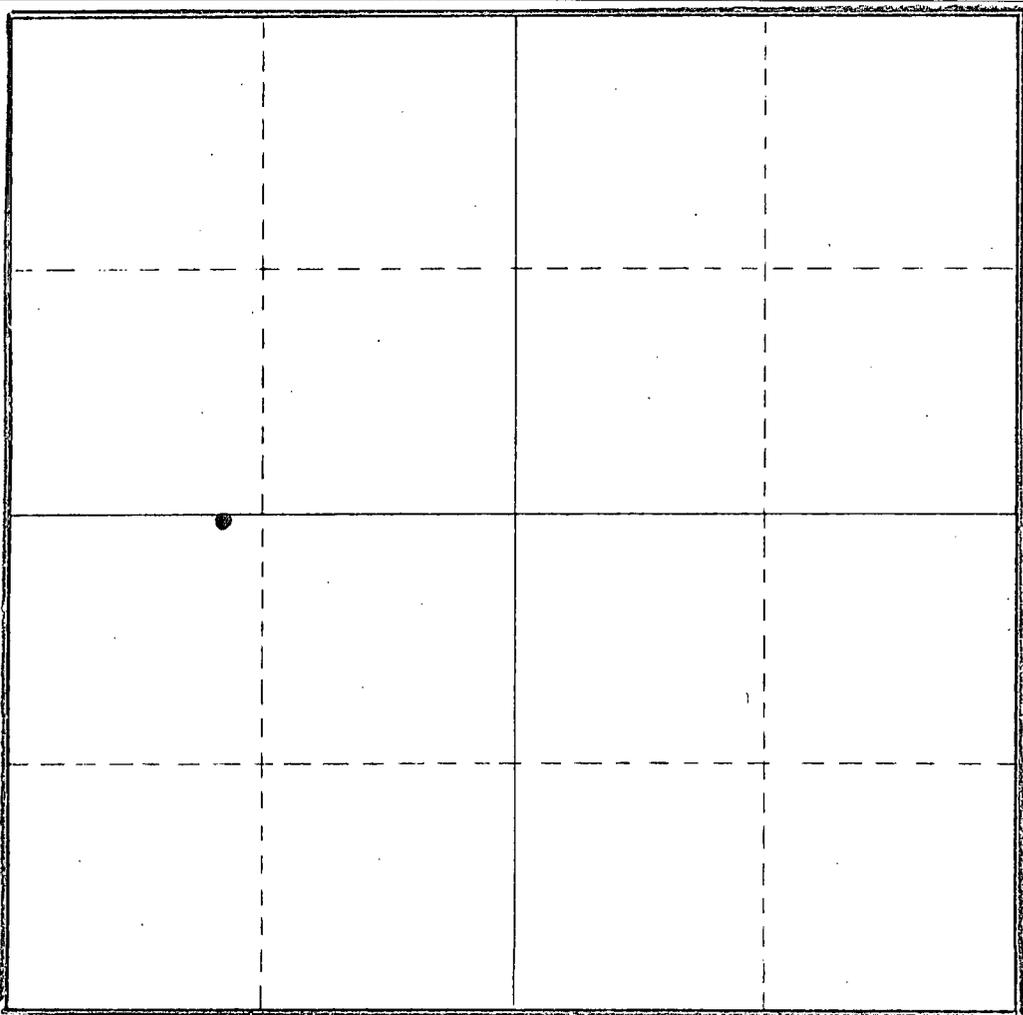
Operator Aminoil USA, Inc.		Lease GTR-230 4		Well No. N.M.A. -10	
Unit Letter L --	Section 9	Township 27 S	Range 19 W v	County Hidalgo	
Actual Footage Location of Well: 2600 feet from the South line and 1100 feet from the West line					
Ground Level Elev. 4390	Producing Formation --	Pool --	Dedicated Acreage: -- 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

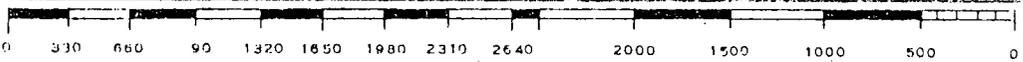
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **D. R. Wall**
 Position **District Geologist**
 Company **Aminoil USA, Inc.**
 Date **3/9/77**

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 _____
 Registered Professional Engineer and/or Land Surveyor

Certificate No. _____



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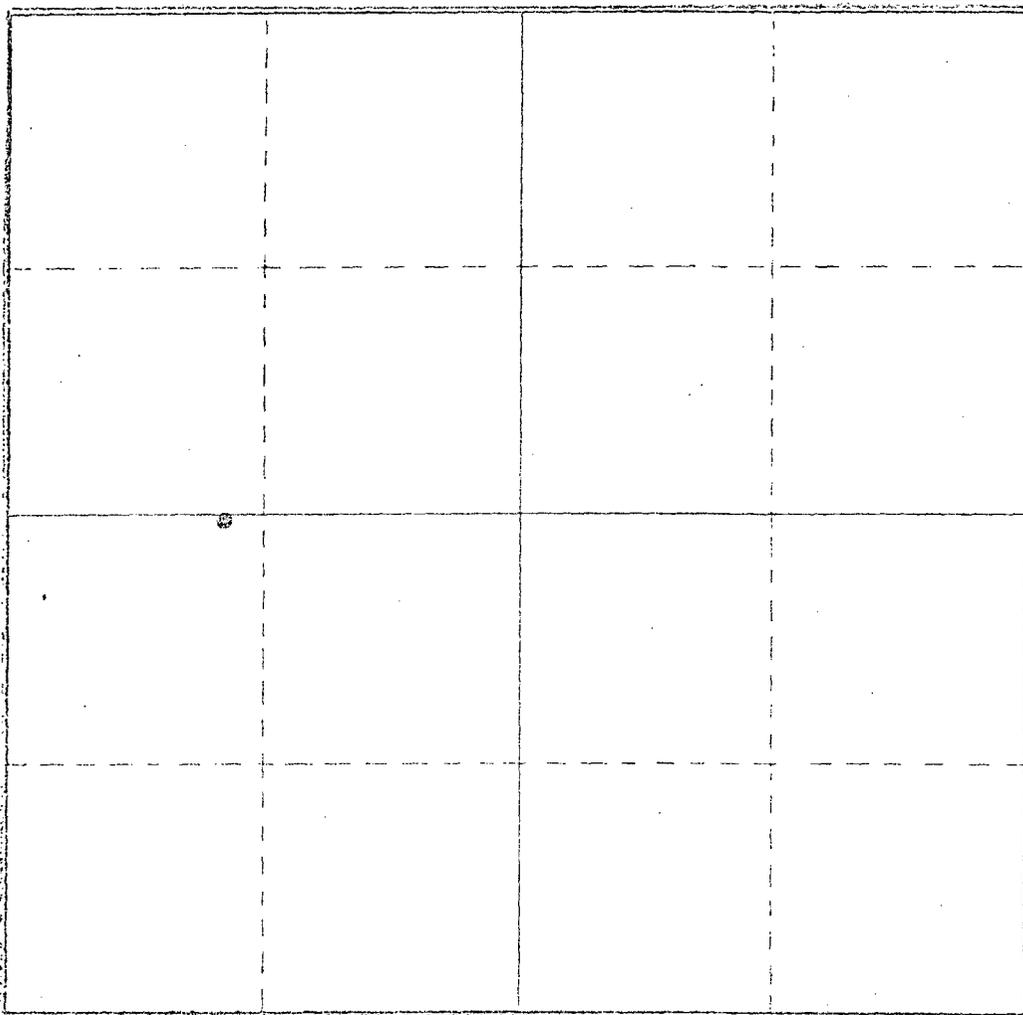
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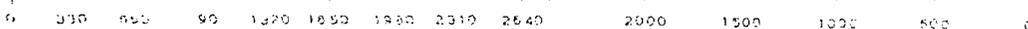
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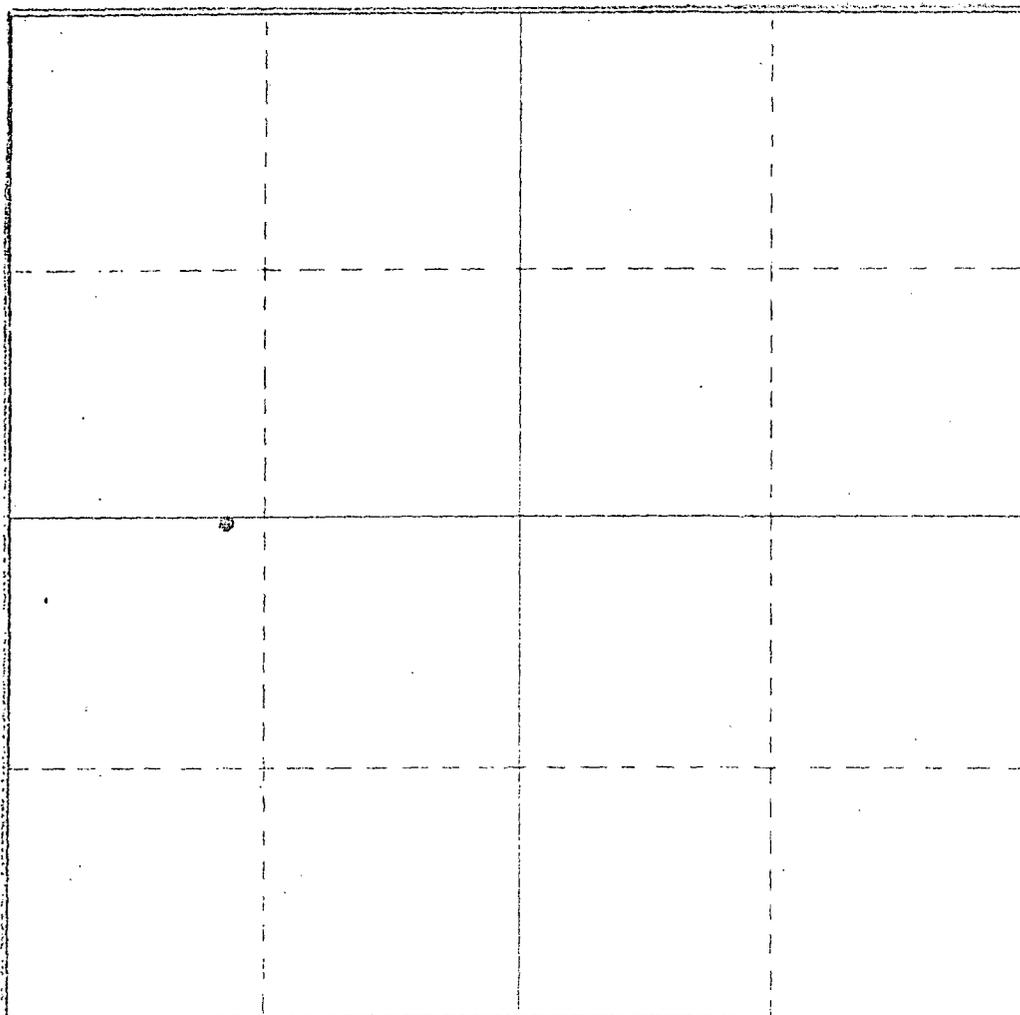
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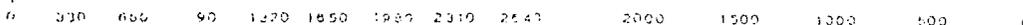
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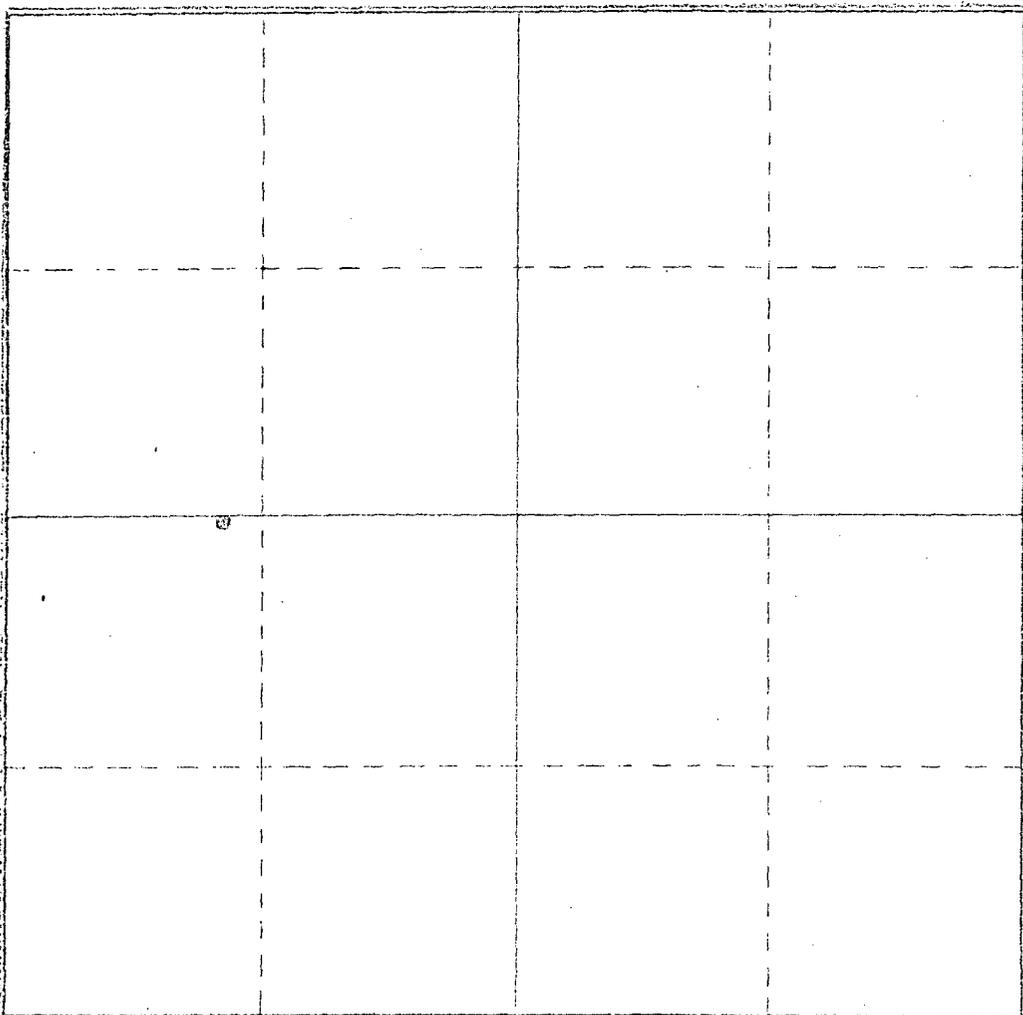
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