

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 18 1993

API NO. (assigned by OCD on New Wells)

30-015-27751

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V708

7. Lease Name or Unit Agreement Name

Happy Valley State

8. Well No.

3

9. Pool name or Wildcat

Happy Valley Delaware

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

SINGLE ZONE ☒

MULTIPLE ZONE ☐

2. Name of Operator

Collins & Ware, Inc. ✓

3. Address of Operator

303 W.Wall, Ste. 2200, Midland, TX 79701

4. Well Location

Unit Letter A : 330 Feet From The East Line and 800 Feet From The North Line

Section 32

Township 22S

Range 26E

NMPM Eddy

County

10. Proposed Depth

5050

11. Formation

Delaware

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3300 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Pending

16. Approx. Date Work will start

Upon approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17.5	13 3/8	48-61	350	400/"C"	Surf.
11	8 5/8	24	1650	425/PO3 mix	Surf.
7.875	5 1/2	15.5	5050	400 Lite	Surf.

Fresh water sands will be protected by setting 13 3/8" csg. @ 350' and circulating cement back to surface. First intermediate 8 5/8" csg. will be set @ 1650' and cement circulated back to surface. The 5 1/2" production string will be set @ 5050'.

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.

SIGNATURE Max Guerry TITLE Regulatory Mgr. DATE 11-17-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE NOV 19 1993

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5-19-94
UNLESS DRILLING UNDERWAY

Submit to Appropriate
District Office
State Lease - 4 copies
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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 18 1993

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

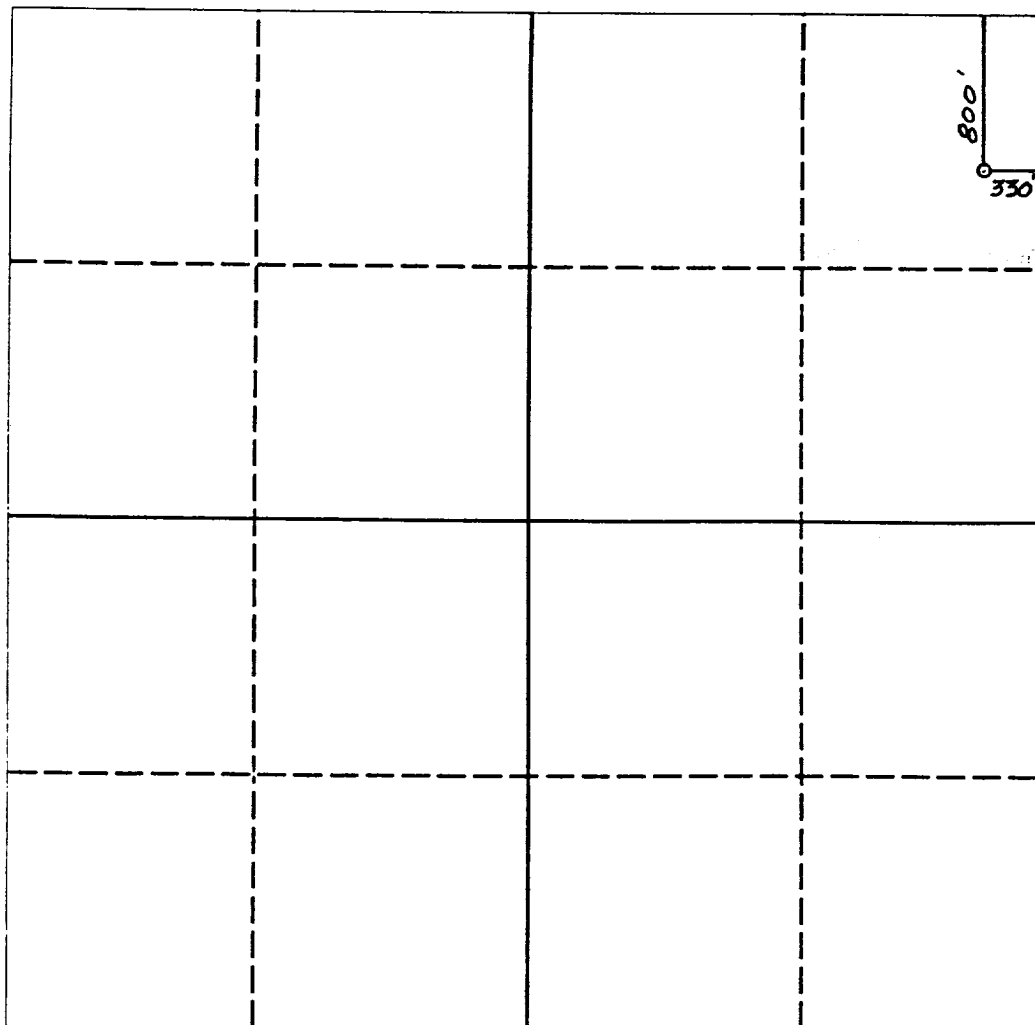
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator COLLINS & WARE, INC.		Lease E V STATE		Well No. 3	
Unit Letter A	Section 32	Township 22 SOUTH	Range 26 EAST	County EDDY COUNTY, NM	
Actual Footage Location of Well: 800 feet from the NORTH line and 330 feet from the EAST line					
Ground level Elev. 3300.	Producing Formation Delaware		Pool Happy Valley		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 interest 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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name

Max Guerry

Position

Regulatory Mgr.

Company

Collins & Ware, Inc.

Date

11-17-93

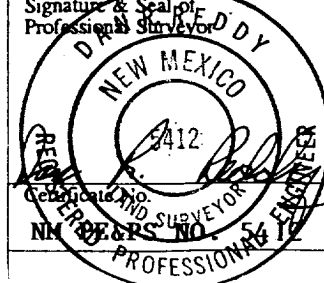
SURVEYOR CERTIFICATION

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

NOVEMBER 13, 1993

Signature & Seal of
Professional Surveyor



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0