November 1983) (formerly 9-331C)		TED STATES	(Other insti		Form approved. Budget Bureau No. 1004-0136 Expires August 31, 1985
		IT OF THE IN			S. LEASE DESIGNATION AND SERIAL NO.
A 001 16 A 7101		F LAND MANAGE		2 1 511	NM-SF078563
APPLICATION	N FOR PERMIT	TO DRILL, DI	EEPEN, OR PLUG	BACK	O. 15 INDIAN, ALLOTTER OR TRIBE NAME
	ILL 🗵	DEEPEN 🗆	PLUG BA	ACK 🗇 📑	7. UNIT AGREEMENT NAME
b. TYPE OF WELL	AS		SINGLE WULT		
	OTHER	/;	ZONE ZONE		8. FARM OR STARS NAME  Byrd 23 47759
	L RESOURCES	€ CORPORATION		-	9. WELL NO.
ADDRESS OF OPERATOR					6-23
	h Street, De	•	0202		DEVILS FORK AS TO
At surface		d in accordance with	any State requirements.*)	Ì	Gallup 17610
2300 FNL	- 770' FEL			1	AND SURVEY OR AREA
At proposed prod. son	l <b>e</b>	APT	#30-029-9552	11	T24N, R7W, Sec. 23: SE/4 NE/4
. DISTANCE IN MILES	AND DIRECTION FROM NE	AREST TOWN OR POST O	OFFICE*	1 1	2. COUNTY OR PARISH   18. STATE
5 miles r	north of Lyb	rook, NM			Rio Arriba New Mexic
5. DISTANCE FROM PROPU LOCATION TO NEAREST PROPERTY OF LEASE L	•	1	6. NO. OF ACRES IN LEASE	17. NO. OF TO THIS	ACRES ASSIGNED
(Also to nearest drig 3. DISTANCE FROM PROP	, unit line, if any)		320 9. PROPOSED DEFTS		40 160
TO NEAREST WELL, DI	RILLING, COMPLETED,	*	5705'	Rota	OR CARLE TOOLS
. ELEVATIONS (Show who	ther DE RE BEIGG 18	guilfer & fortheing	d om d	1 1000	22. APPROX. DATE WORK WILL START®
GL: 6676	procedural research		OFR 3185 a		July 1, 1995
•		PROPOSED CASING	AND CEMENTING PROGR	LAM	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	1	QUANTITY OF CEMENT
12.25"	8.625"	24#	320'	250	sx
7.875	4.500"	11.6#	5705'	1020	sx
ļ			1	SUBJECT T	CPERVICHA O MATABARE) ARE 0.00 Februario de Patrached propurgalesco
		Exhibit.	<del>-</del>		The second secon
	- LOCATION P				
	- TEN POINT : - BLOWOUT PR		PROGRAM - OPER	ATIONS	promise production and the second
	- MULTI-POIN				
	- TOPOGRAPHY				
	- DRILLING R			Ц	'U JUL 1 0 1995 💚
	- COMPLETION				
	- LOCATION P			((	ool Con. div.
Ι.	- FACILITIES	LAYOUT			DIST. 3
					ive sone and proposed new productive ad true vertical depths. Give blowout
venter program, if any.					· · · · · · · · · · · · · · · · · · ·
SIGNED	Garner	TITLE	Division Opera Superintenden		June 22, 1995
(This space for Federa	d or State office use)				
PERMIT NO.			APPROVAL DATE		APPROVED
				•	AS AMENDED
APPROVED BY	L IF ANY:	TITLE _			111 OR 1005

See Instructions On Reverse Side

District I PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec. NM 87410 District IV

PO Box 2088, Santa Fc, NM 87504-2088

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-102 Revised February 21, 1994

Submit to Appropriate District Office

Instructions on back

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

RECEIVED

State Lease - 4 Copies Fee Lease - 3 Copies

JUN 23 1995

AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	<sup>1</sup> Pool Code	DEVILS FORKETASSECTATED		
30-039-25531	17610	DENILS GORK- 11990		
* Property Code	, 1	Property Name	* Well Number	
17259	Byrd <i>23</i>	6-23		
'OGRID No.	' (	' Elevation		
023846	Universal	6676 '		
	10 Cur	rface Location		

## Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
· H	23	24 N	7 W		2300	North	770	East	Rio Arriba

## 11 Bottom Hole Location If Different From Surface

			DO						
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acr	es 13 Joint	or Infill 14	Consolidatio	on Code 15 C	order No.		1	<u> </u>	<u> </u>
160		1		İ					

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16	S89 42'W	77.69 chs	40 95 obs	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
			. 770 · 770	Printed Name
				Issurveyor 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 with best of my better.  Date of Survey  Signature and Seal of Professional Surveyer:
·				Certificate Number

