

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Morgan-Richardson Operating Co.

3. ADDRESS OF OPERATOR

P. O. Box 1915 Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1610' FSL, 1190' FWL (SESW)

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15 miles from Blanco, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

2320 1550.26

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

2500'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DE, RT, GR, etc.)

5844' GR

22. APPROX. DATE WORK WILL START*

As Soon as permitted

23. PROPOSED CASING AND CEMENTING PROGRAM DRILLING OPERATIONS AUTHORIZED ARE

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SUBJECT TO COMPLIANCE WITH ATTACHED QUANTITY OF CEMENT
12 1/4"	8 5/8"	24 #	240'	150 sx (cement to surface)
7 7/8"	5 1/2"	15.5#	2500'	400 sx (cement to surface)

TIGHT HOLE. PLEASE KEEP CONFIDENTIAL.

Notice of staking submitted June 8, 1990.

RECEIVED

JUL 02 1990

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

"Approval of this notice does

not constitute a commitment by the

Bureau of Land Management to

or title to the land.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED Bruce C. Delventhal TITLE Agent DATE June 25, 1990

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

dkc

nmcc

John Kelly
APPROVED

*See Instructions On Reverse Side

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

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

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

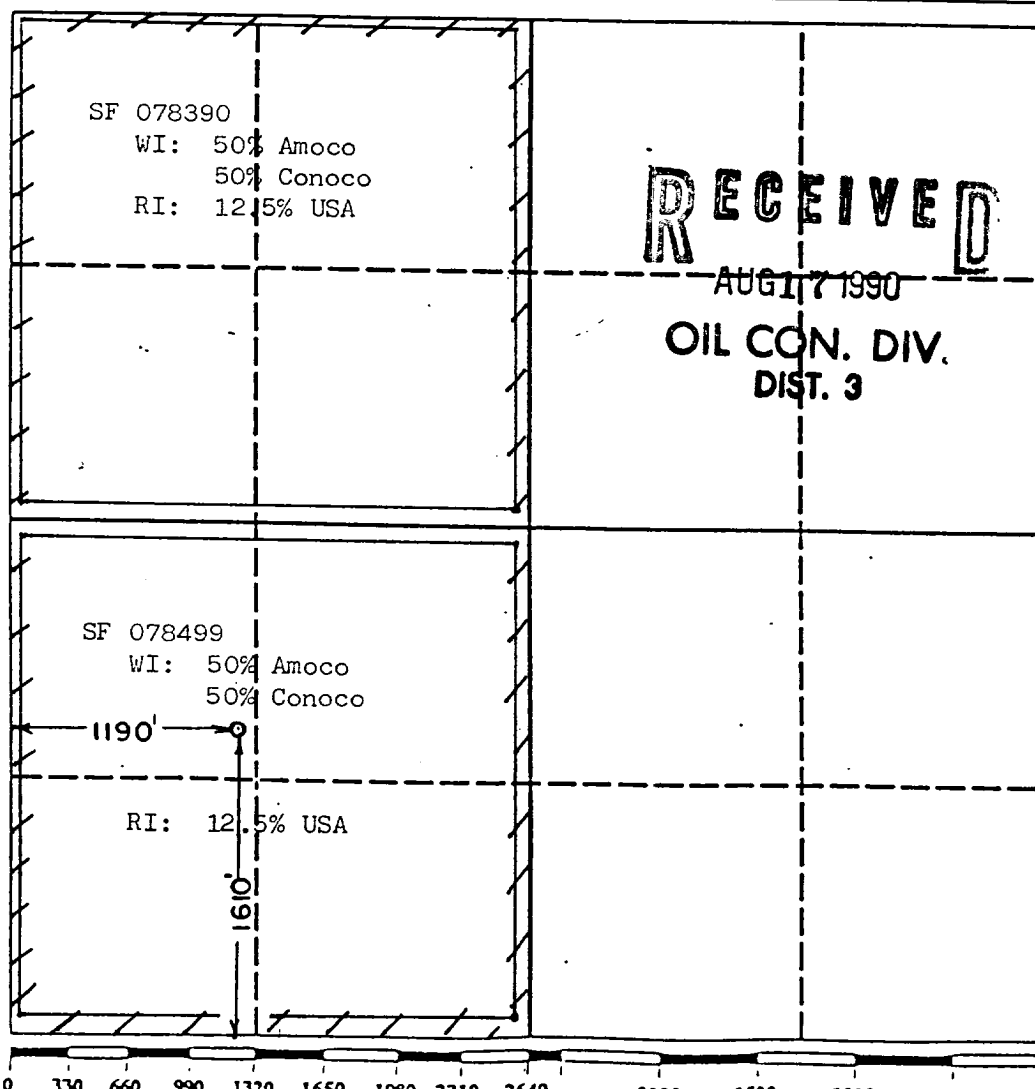
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MORGAN RICHARDSON OPERATING, CO.			Lease Feb 31-15		Well No. Feb 31-15 #2
Unit Letter L	Section 15	Township 28 North	Range 8 West	County NMPM San Juan	
Actual Footage Location of Well: 1610 feet from the South line and 1190 feet from the West line					
Ground level Elev. 5844'	Producing Formation Fruitland		Pool Basin Fruitland Coal	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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
Bruce E. Delventhal
Printed Name
Bruce E. Delventhal
Position
Agent
Company
Morgan-Richardson Op.
Date
July 26, 1990

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
8/17/90
Signature & Seal of Professional Surveyor
6844
Certification
6844

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Morgan Richardson Operating Co.	8. FARM OR LEASE NAME Federal 31-15
3. ADDRESS OF OPERATOR P. O. Box 1915 Farmington, NM 87499	9. WELL NO. #2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1610' FSL, 1190' FWL (SESW)	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15, T28N, R8W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5844' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Morgan Richardson Operating Co. requests permission to change the proposed production casing string from 5 1/2", 15.5#, J-55 to 4 1/2", 10.5#, J-55 casing.

RECEIVED
AUG 23 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct.

SIGNED Bruce E. Delventhal TITLE Agent

DATE August 20, 1990

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____
Ken Townsend

FOR

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
3. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Morgan Richardson Operating Co.	8. FARM OR LEASE NAME Federal 31-15
3. ADDRESS OF OPERATOR P. O. Box 1915 Farmington, NM 87499	9. WELL NO. #2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1610' FSL, 1190' FWL (SESW)	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, CR, etc.) 5844' GR
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 15, T28N, R8W NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Morgan Richardson Operating Co. requests permission to change the proposed production casing string from 5 1/2", 15.5#, J-55 to 4 1/2", 10.5#, J-55 casing.

RECEIVED
AUG 28 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct.

SIGNED Bruce P. Delventhal

TITLE Agent

DATE August 20, 1990

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

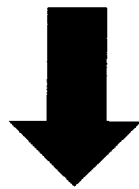
DATE
Ken Townsend

*See Instructions on Reverse Side

Job separation sheet



LTR



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Morgan Richardson Operating Company	3. ADDRESS OF OPERATOR P. O. Box 1915 Farmington, NM 87499	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1610' FSL, 1190' FWL (SESW)	5. LEASE DESIGNATION AND SERIAL NO. SF 078499	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Federal 31-15	9. WELL NO. #2	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15, T28N, R8W NMPM	12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO. 30-045-28144	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5844' GR											

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Morgan Richardson Operating Company requests permission to change the proposed surface casing string from 8 5/8", 24#, J-55 to 8 5/8", 20#, X-42 casing.

18. I hereby certify that the foregoing is true and correct

SIGNED Bruce E. Delventhal

TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE Oct 12, 1990

DATE NOV 02 1990

AREA MANAGER
FARMINGTON DISTRICT

*See Instructions on Reverse Side