

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1425.

30-045-24463

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
Bruce Anderson

3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface 1660' FSL - 1830' FEL
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
10 miles NW of Farmington, NM

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)
1660'

16. NO. OF ACRES IN LEASE
1487.06

17. NO. OF ACRES ASSIGNED
TO THIS WELL 160

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.
140'

19. PROPOSED DEPTH
1650'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
5576' GL

22. APPROX. DATE WORK WILL START*
ASAP

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
7-7/8"	7"	20#	90'	35 sx
4-3/4"	2-7/8"	6.4#	1650'	160 sx * CIRC

*Note Special Stipulation

Plan to drill 4-3/4" hole to test the Pictured Cliffs Formation. Plan to run IES log to TD. If productive, plan to set 2-7/8" tbq for csg, cement, selectively perforate, frac, clean out after frac, run 1-1/4" tbq and complete well.

Plan to use 3000 psi BOP per attached schematic diagram. Will use master valve and stripper head while completing well.

NMERB: Gas Dedicated

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 Thomas A. Dugan TITLE Agent DATE 6-10-80

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

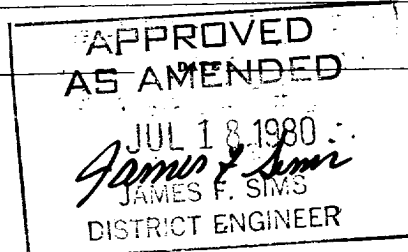
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ok Frank

*See Instructions On Reverse Side



Certificate No. 5979

Edgar L. Risenhoover, L.S.