District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210

Phone:(575) 748-1283 Fax:(575) 748-9720

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

Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 **Energy, Minerals and Natural Resources**

State of New Mexico

Permit 139307

August 1, 2011

Form C-101

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

Phone:(505) 476-3470 Fax:(505) 476-3462 APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

	tor Name and Address DPERATING, LLC	2. OGRID Number 281085	
415	W. Wall Street land, TX 79701	3. API Number 30-025-40457	
4. Property Code	5. Property Name	6. Weti No.	
38890	MEDICINE MAN STATE	001	

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
E	16	26S	36E	E	1650	N	990	W	LEA

8. Pool Information

SIOUX;TANSILL-YATES-SEVEN RIVERS 56610

Additional Well Information

	T- T-	Additional Well Inform	Intion	27
9. Work Type New Well	10. Well Type OIL	11. Cable/Rotary	12. Lease Type State	13. Ground Level Elevation 2946
14. Multiple	15. Proposed Depth	16. Formation	17. Contractor	18. Spud Date
N	3846	Yates		12/15/2011
Depth to Ground		Distance from nearest fresh water	r well	Distance to nearest

19. Proposed Casing and Cement Program

				man comentary	8	
Type	Hole Size	Casing Type	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	12.25	8.625	32	1400	515	0
Prod	7.875	5.5	17	3846	330	0

ec.	Casing/Cement Program: Additional Comments							

Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
DoubleRam	3000	3000	

I hereby certify that the information given above is t of my knowledge and belief. I further certify that the drilling pit will be cons		OIL CONSERVATION DIVISION		
NMOCD guidelines \square , a general permit \square , or a OCD-approved plan \square .		Approved By: Paul Kautz		
Printed Name: Electronically filed by CYN CHRESTMAN	THIA S	Title: Geologist		
Title:		Approved Date: 2/28/2011	Expiration Date: 2/28/2013	
Email Address: cynthia@redmountainreso	irces.com			
Date: 10/27/2011 Phone: 5	01-367-8137	Conditions of Approval At	tached	

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II

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State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

Form C-102 August 1, 2011

Permit 139307

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-40457	2. Pool Code 56610	SIOUX;TANS	3. Pool Name ILL-YATES-SEVEN RIVERS
4. Property Code 38890	5. Property Name MEDICINE MAN STATE		6. Well No. 001
7. OGRID No.	8. Operator Name		9. Elevation
281085	RMR OPERATING, LLC		2946

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
E	16	26S	36E		1650	N	990	W	LEA

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot	Idn	Feet From	N/S Line	e Feet From	E/W Line	County
0.000	cated Acres	13	13. Joint or Infit1 14. Consolid		14. Consolidation Co		Code		15. Order No.	

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

5			
	0		

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: CYNTHIA S CHRESTMAN

Title:

Date: 10/27/2011

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 belief.

Surveyed By: Gary Jones Date of Survey: 9/20/2011 Certificate Number: 25328

Permit Comments

Operator: RMR OPERATING, LLC , 281085 Well: MEDICINE MAN STATE #001

API: 30-025-40457

Created By	Comment	Comment Date
pkautz	Land s/S	10/28/2011
CHERRERA	OCD RECIEVED C144 CLEZ. OCD PERMIT # P1-04248	2/28/2012

Permit Conditions of Approval

Operator: RMR OPERATING, LLC , 281085 Well: MEDICINE MAN STATE #001

API: 30-025-40457

OCD Reviewer	Condition	
pkautz	requires proof of notification to second operator	