

District I  
1625 N. French Dr., Hobbs, NM 88240

District II  
811 South First, Artesia, NM 88210

District III  
1000 Rio Brazos Road, Aztec, NM 87410

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Oil Conservation Division

1220 South St. Francis  
Santa Fe, NM 87505

Form C-10  
Revised March 17, 1999

Submit to appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator's Office Address NEW Enterprise 300 South Kentucky, Roswell		OGRID Number 160190
Property Code 20121	Property Name Cannon Et AL	API Number 30-005-62292
		Well No. 2

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
2	27	10S	25E		1780	South	660	West	Chaves

Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Proposed Pool 1

Bitter Lakes San Andres

Proposed Pool 2

Work Type Code PB	Well Type Code oil	Cable/Rotary	Lease Type Code	Ground Level Elevation 3472
Multiple 1	Proposed Depth	Formation San Andres	Contractor self	Spud Date

Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
	8 7/8	24	933	935	SURFACE
	13 7/8	61	815	250	SURFACE
	4 1/2	9.5	4187	300 plus 200	SURFACE

Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary. Rig up RIH w/ wireline Tag CIBP conform setting depth. Pump bail 35' cmt on Top. Perforate San Andres Zone 830' to 900' and test, if productive run production exp. Use of BOP is needed during perforating San Andres Zone

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

Signature: *Russell White*  
Printed name: Russell White

Title: OWNER

Date: 10-29-01

Phone: 623-2065

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

Title:

Approval Date:

Expiration Date: NOV 01 2002

Conditions of Approval:

Attached ☐

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State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 15, 2000

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-005-62292	<sup>2</sup> Pool Code 5980	<sup>3</sup> Pool Name Bitter Lakes San Andres, South
<sup>4</sup> Property Code 20171	<sup>5</sup> Property Name Cannon E+AL	<sup>6</sup> Well Number 2
<sup>7</sup> OGRID No. 160190	<sup>8</sup> Operator Name M.E.W. Enterprise	<sup>9</sup> Elevation 3472

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	27	10S	25E		1280	South	660	West	Chaves

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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

<sup>16</sup>	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature: <u>Russell Whited</u> Printed Name: <u>Russell Whited</u> Title: <u>Owner</u> Date: <u>10-29-01</u>			
	<sup>18</sup> 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. Date of Survey: Signature and Seal of Professional Surveyor: Certificate Number:			