

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

C. C. D.
ARTESIA, OFFICE

5A. Indicate Type of Lease
STATE ☐ FEDERAL ☐

5. State Oil & Gas Lease No.
B-1069

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator J.B. Adamson		3. Address of Operator Rt. 1, Box 202-J, Artesia, New Mexico 88210		8. Farm or Lease Name Gulf St.
4. Location of Well UNIT LETTER C LOCATED 1018 FEET FROM THE North LINE AND 1642 FEET FROM THE West LINE OF SEC. 22 TWP. 17 RGE. 28 NMPM		9. Well No. 3		10. Field and Pool, or Wildcat G.G.S.A. Empire-Y-SR
11. Elevations (show whether DF, RT, etc.) 2551' GA		21A. Kind & Status Plug. Bond Blanket		12. County Eddy
19. Proposed Depth 800		19A. Formation S.R. Empire Yates		20. Rotary or C.T.
21B. Drilling Contractor		22. Approx. Date Work will start		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

11-29-83

Set cement plug from 1490-1388 with class C. Tagged plug at 1388'.

11-30-83

Perforate cement at 747-734 with 18 holes to test Seven Rivers formation
Spot 250 gals. acid and break down. Swab back, had show of oil & gas.
Intention is to Sand Frac formation with jelled water and sand.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUS BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed J.B. Adamson Title Owner-Operator Date 2-6-84

(This space for State Use)

APPROVED BY Randy Brooks TITLE Geologist DATE 3-13-84

CONDITIONS OF APPROVAL, IF ANY:

All distances must be from the outer boundaries of the Section.

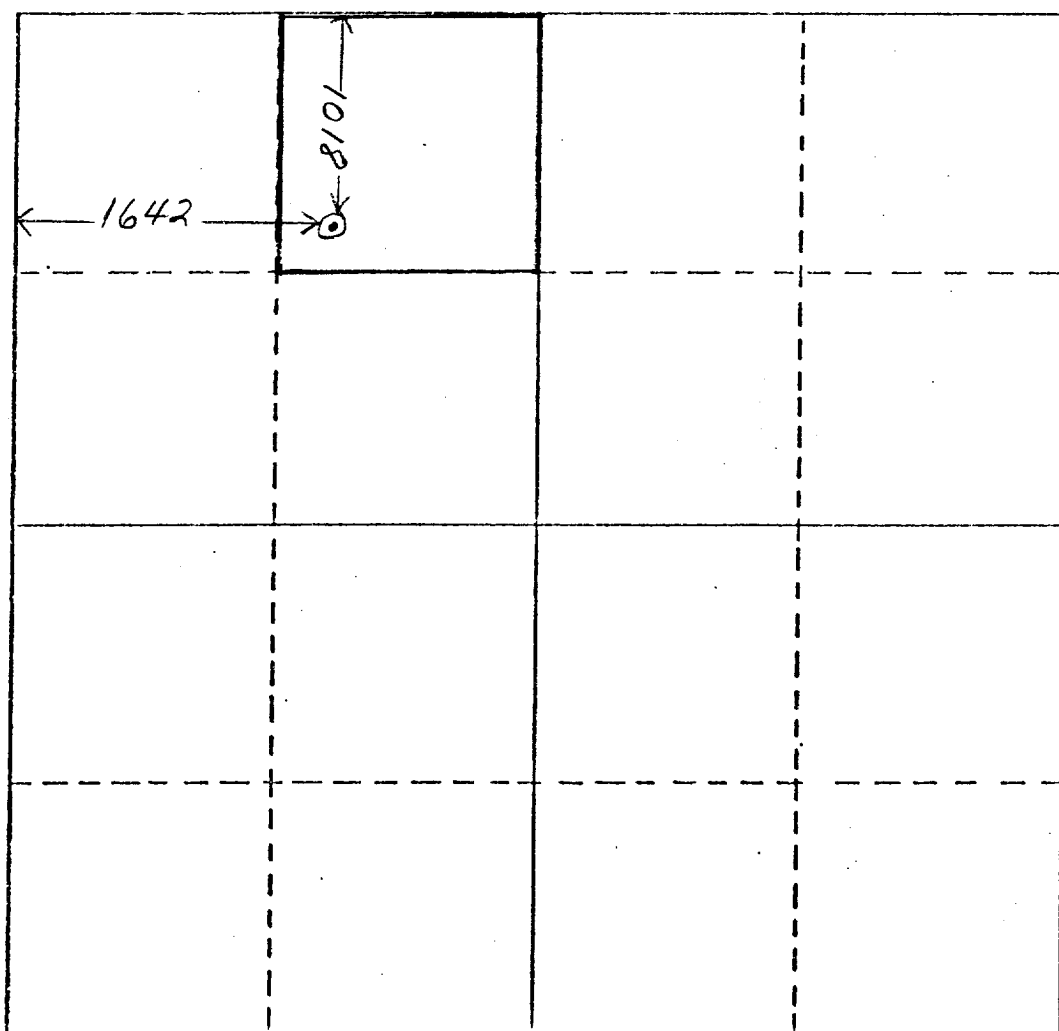
Operator J.B. Adanson		Lease Gulf State		Well No. 3	
Unit Letter C	Section 22	Township 17	Range 28	County Eddy	
Actual Footage Location of Well: 1642 feet from the West line and 1018 feet from the North line					
Ground Level Elev. 3551' 6"	Producing Formation Seven Rivers		Pool Empire Yates, Seven Rivers		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests 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 interests, has been approved by the Division.



CERTIFICATION

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

Name
J.B. Adanson
Position
Owner-Operator
Company
J.B. Adanson
Date
2-6-84

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

Registered Professional Engineer and/or Land Surveyor

Certificate No.

