

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
OPERATOR	☒

5A. Indicate type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
LG 5019

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

7. Unit Agreement Name
8. Name of Lease Name
Martha
9. Well No.
1
10. Field and Pool, or Wildcat
Empire

11. County
Eddy

12. History of Well
San Andres
C.T.
13. Approx. Date Work Will Start
12-30-82

a. Type of Work
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well
OIL WELL ☒ GAS WELL ☒ OTHER ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐

c. Name of Operator
Diamondback Petroleum, Inc. ✓

d. Address P.O. Box
1608 Sudderth (P.O. Box 2938), Ruidoso, N.M. 88345

e. Location of Well
UNIT LETTER L LOCATED 1980' FEET FROM THE S LINE

NO. 660' FEET FROM THE W LINE OF SEC. 7 TWP. 17S RGE. 28E

14. Depth of Well
2500'
15. Depth of Casing
3464' G.L.
16. Name of Drilling Contractor
Star Well Service
17. Date of Permit
12-30-82

PROPOSED CASING AND CEILING DATA

SIZE OF PIPE	DEPTH OF CASING	WEIGHT PER FOOT	CEILING OF CASING	CEILING OF CEILING	EST. TOP
12 1/2"	8 5/8"	24#	300'	200	Circ.
6 1/2"	4 1/2"	9 1/2 A.P.I.	2500'	750	Circ.

Posted by
JD-1 & hf
1-7-83

APPROVAL OF THIS PERMIT IS VALID FOR 450 DAYS
EXPIRATION DATE 3-7-83
UNLESS DRILLING UNDERWAY

ROP: mono-cable tool - install snagging w/valve on surface CSG.

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

Signature of Operator: [Signature] Date: 12/30/82

Signature of State Inspector: [Signature] Date: 12/30/82

Signature of State Inspector: [Signature] Date: 12/30/82

Signature of State Inspector: [Signature] Date: 12/30/82

Signature of State Inspector: [Signature] Date: 12/30/82

Signature of State Inspector: [Signature] Date: 12/30/82

OIL CONSERVATION DIVISION

P. O. BOX 2088

Form C-102
Revised 10-1-78STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

SANTA FE, NEW MEXICO 8756

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

Operator Diamond Back Petroleum		Lease Martha		Well No. #1
Unit Letter L	Section 7	Township 17 South	Range 28 East	County Eddy
Actual Footage Location of Well: 1980 feet from the South line and 660 feet from the West line				
Ground Level Elev. 3464	Producing Formation SAN ANDRES	Pool ENTIRE	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.

Sec. 7, T. 17 S., R. 28 E., N.M.P.M.

660'

1980'

CERTIFICATION

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

Name

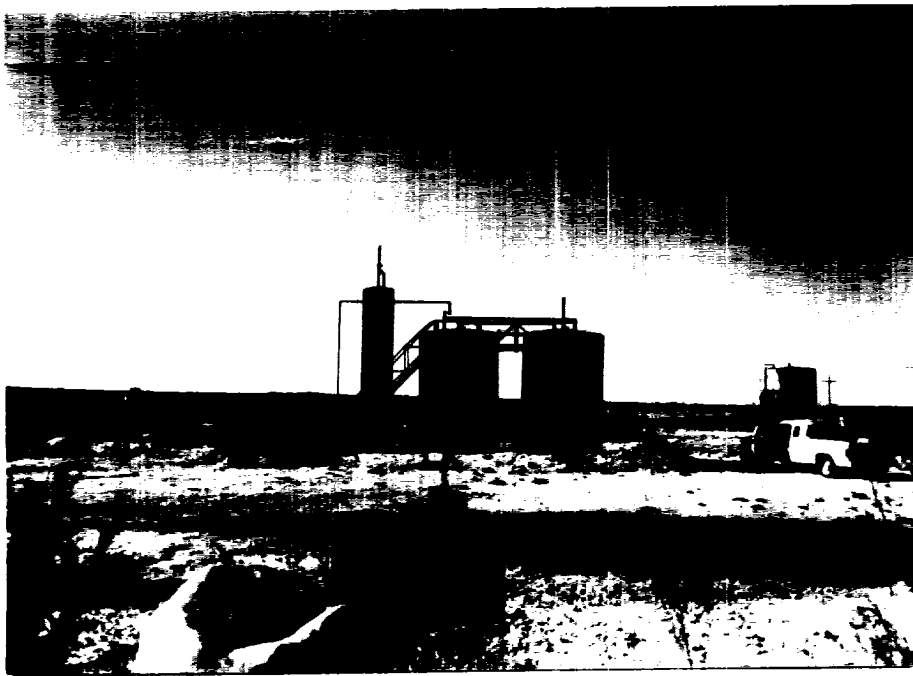
Position

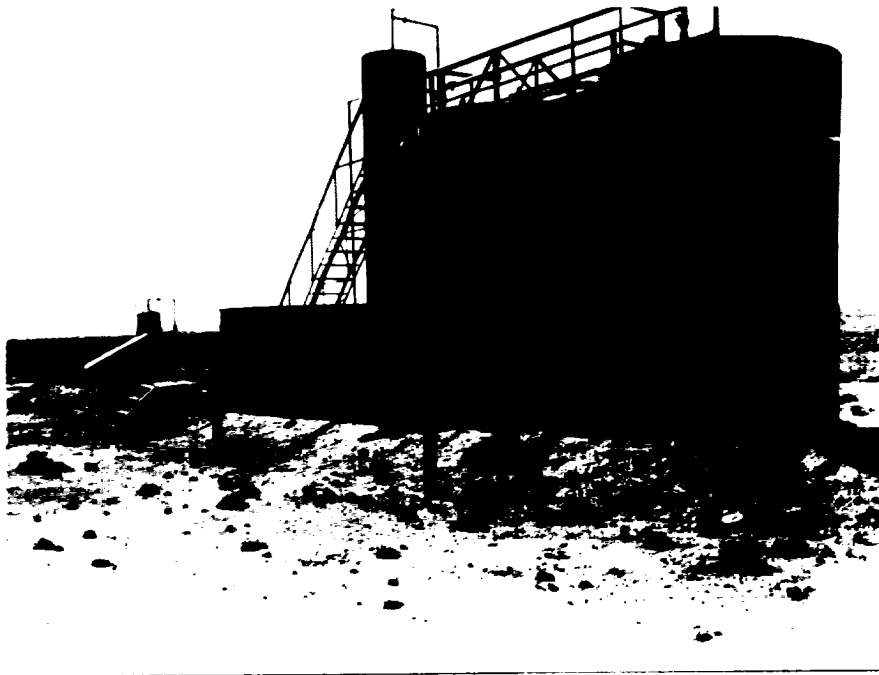
Company

Date

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
December 1980Registered Professional Engineer
and/or Land SurveyorJohn D. Jaquess
Professional Engineer
Certificate No. 6290





Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Diamondback Bldg.
214 American Home Bldg
Artesia, NM 88210
Kathy Cranham

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

7 212 312912

4b. Service Type

- | | |
|--|---|
| ☒ Registered | ☐ Insured |
| ☐ Certified | ☐ COD |
| ☐ Express Mail | ☐ Return Receipt for Merchandise |

7. Date of Delivery

2-3-95

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.