| Y and the second |               |                                                        |                                        |                     |                                                |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|----------------------------------------|---------------------|------------------------------------------------|--------------------|----------------|
| NO. OF COPIES RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IVED          |                                                        |                                        |                     | 20 01                                          | 15-20976           |                |
| DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                        | NEW MEXICO OIL CONSERVATION COMMISSION |                     |                                                | Form C-101         |                |
| SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | REC                                                    | RECEIVED                               |                     | Revised 1-1-65                                 |                    |                |
| FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                        |                                        |                     | -                                              | Type of Lease      |                |
| u.s.g.s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Act                                                    | 1 1070                                 |                     | STATE                                          | XX FEE             |                |
| LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | OCT 1 1973                                             |                                        |                     | .5. State Oil                                  | & Gas Lease No.    |                |
| OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                        |                                        |                     | B-6058-19                                      |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Π.                                                     | C. C.                                  |                     | IIIII                                          |                    | $\overline{D}$ |
| APF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICATION FOR  | PERMIT TO DRILL, DECTOR                                | A ORFPLAIG BACK                        |                     |                                                |                    | $\mathcal{M}$  |
| a. Type of Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        |                                        | ··-                 | 7. Unit Agre                                   | ement Name         |                |
| b. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | DEEPEN                                                 |                                        |                     | West Loco Hills G. #4<br>8. Farm or Lease Name |                    | 4 \$           |
| OIL XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GAS           | DTHER                                                  | ZONE XX                                | MULTIPLE            | Tr                                             | act 32A            |                |
| Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | ······                                                 |                                        |                     | 9. Well No.                                    |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Newmont Oil   | l Company                                              |                                        |                     |                                                | 8                  |                |
| . Address of Operato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r             | ······································                 |                                        | · · ·               | 10. Field on                                   | d Pool, or Wildcat |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P. O. Box     | <b>1</b> 305, Artesia, New Mex                         | ico 88210                              |                     | × Loc                                          | o Hills            |                |
| Location of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT LETTER   | J LOCATED 1560'                                        | FEET FROM THE                          | uth LINE            |                                                |                    | Ø              |
| 1480'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEET FROM THE | East LINE OF SEC. 11                                   | TWP. 185 RGE.                          | 29Е <sub>ымрм</sub> |                                                |                    | $\mathbb{N}$   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        |                                        |                     | 12. County<br>Ed                               | dy                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        |                                        |                     |                                                |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        | 19. Proposed Depth                     | 19A. Formation      |                                                | 20, Rotary or C.T. |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        | <u>2675'</u>                           |                     | vburg                                          | Rotary             |                |
| 21. Elevations (Show whether DF, RT, etc.<br>3516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 21A. Kind & Status Plug. Bond 21B. Drilling Contractor |                                        |                     | 22. Approx. Date Work will start               |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Blanket Osbourn Drlg. Co.                              |                                        |                     | NOV                                            | . 1, 1973          |                |
| 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | PROPOSED CASING A                                      | ND CEMENT PROGRAM                      | A                   |                                                |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                        |                                        |                     |                                                |                    |                |

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 10-3/44      | 8-5/8''        | #24             | 425'          | 100 sacks       | Surface  |
| 7-7/8"       | 5-1/2"         | #17             | 2675'         | Circ. or 500 s  | ks       |
|              |                |                 |               |                 |          |
|              | l .            | 1               | 1             | ł               |          |

Drill infield well to recover oil that has not been recovered by wells No. 30-1 and 30-2 located in patterns formed by injection wells 11-10. 32A-6, 30-2, 13-9 and 35-2.

NSL-622-10-10-73

APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED, EXPIRES 1-11-

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

| I hereby certify that the information above is true and con | mplete to th | e best of my knowledge and belief. |      |              |         |
|-------------------------------------------------------------|--------------|------------------------------------|------|--------------|---------|
| signed Charles C Jog                                        | Title        | District Superintendent            | Date | 9/28/73      |         |
| (This space for State Use)                                  |              |                                    |      |              | <u></u> |
| APPROVED BY W. a. Gresset                                   | TITLE.       | OIL AND GAS INSPECTOR              | DATE | OCT 1 1 1973 |         |

CONDITIONS OF APPROVAL, IF ANY:

NE 1EXICO OIL CONSERVATION COMMISSIC WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128

Effective 1-1-65 All distances must be from the outer boundaries of the Section. Operator, Well No Lease Grb#45,UT. Tr. 32A West Licoly 11 820 Unit Lette Township Bange County 18 Actual Footage Location of Well: feet from the line and eet from the line Ground Level Elev: **Producing Formation** Pool Dedicated Acreage: 3516 イロ 1CO Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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? If answer is "yes," type of consolidation \_ Yes No 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 Commission. **CERTIFICATION** R27E I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Name ١f ke Manager Position NEWMONT OIL COMPANY Company October 1, 1973 Date I hereby certify that the well focation shown on the plat was plotted from field notes of perual survey made by me or under my supervision 5 and that the same 324-8 0 - 1480' bes is true and correct `to⊶thé MF Date Survey pterrit Registered Professional Engineer nd/or Land Surveyor Certificate No 330 660 90 1320 1650 1980. 2310 2640 2000 1500 1000 500