

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. BOX 1980  
Santa Fe, New Mexico 87504-2088

MAY 17 '90

APR 26 '90

API NO. (assigned by OCD on New Wells)

30-015-26366

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

Resler Yates State

8. Well No.

382

9. Pool name or Wildcat

Artesia-QN-GB-5A

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL

GAS

WELL ☐

WELL ☐

OTHER ☐

SINGLE

ZONE ☐

MULTIPLE

ZONE ☐

2. Name of Operator

Arch Petroleum INC.

3. Address of Operator

Suite II-A, 777 Taylor Fort Worth, Texas 76102

4. Well Location

Unit Letter

F

: 1650'

Feet From The

West

North

Line and

1650'

Feet From The

East

West

Line

Section 32

Township

185

Range

28E

NMPM

EDDY

County

10. Proposed Depth

2100'

11. Formation

GRAYBURG

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3563.7 GR

14. Kind & Status Plug. Bond

Active Blanket

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

5/1/90

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24#	550' 400	150	Surface
7 7/8	4 1/2	9.50	2100	150	1500

Drill with rotary tools and set 4 1/2 casing through pay and perforate. Will FRAC

Post ID-1  
5-25-90  
New & APF

APPROVAL VALID FOR 180 DAYS

EXPIRATION DATE 11/21/90

UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG 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.

SIGNATURE

Jim B. Paschall

TITLE V.P. Operations

DATE 4/24/90

TYPE OR PRINT NAME

Jim B. Paschall

TELEPHONE NO. 817-332-9209

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

MAY 18 1990

CONDITIONS OF APPROVAL, IF ANY:

Sub. mit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

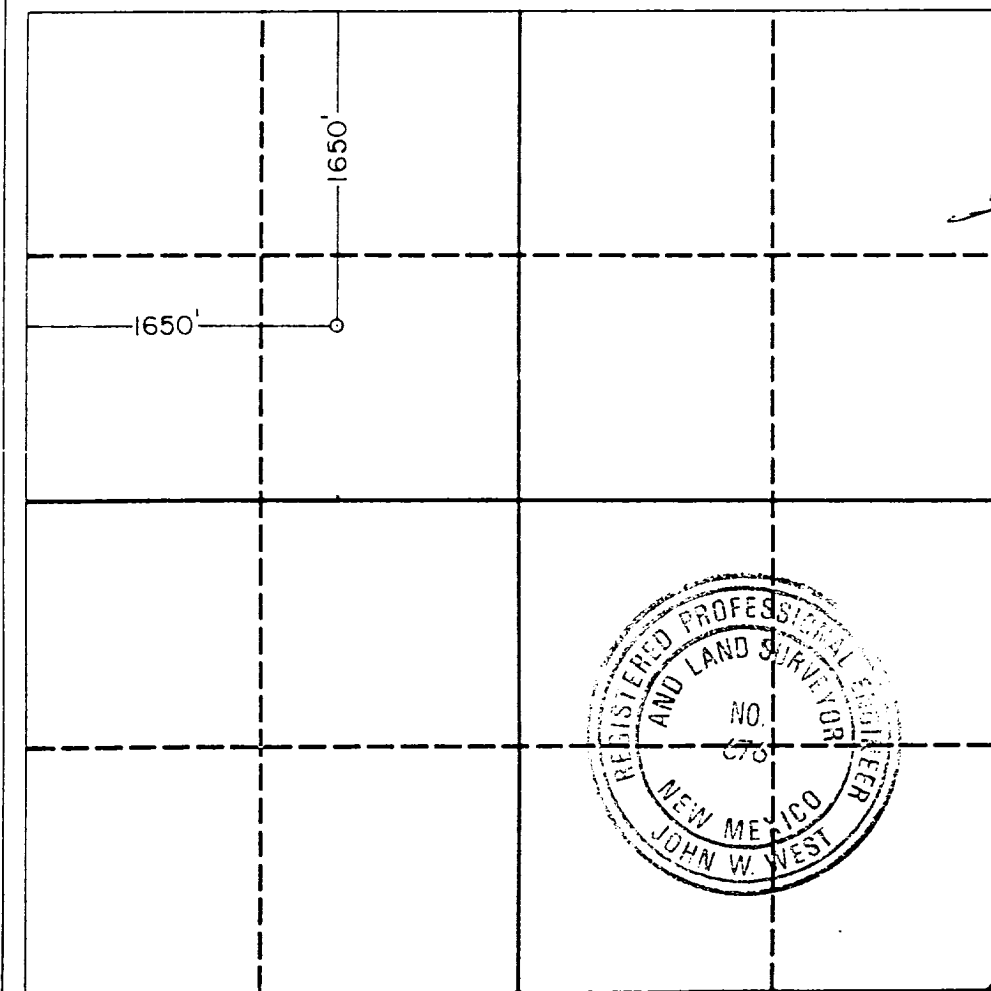
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ARCH PETROLEUM, INC.			Lease Resler Yates State		Well No. 382
Unit Letter F	Section 32	Township 18 South	Range 28 East	County Eddy	
Actual Footage Location of Well: 1650 feet from the North line and 1650 feet from the West line					
Ground level Elev. 3563.7	Producing Formation Hobbs		Pool Hobbs	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 interest 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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature  
Printed Name  
Position  
Company  
Date

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 knowledge and belief.

Date Surveyed  
Signature & Seal of Professional Surveyor  
Certificate No.