

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

OIL CONSERVATION DIVISION

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

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

RECEIVED

MAY -2 '90

API NO. (assigned by OCD on New Wells)

30-015-26378

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-2634

7. Lease Name or Unit Agreement Name

State T

8. Well No.

2

9. Pool name or Wildcat

E Turkey Track

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☒

2. Name of Operator

D. W. Berry

3. Address of Operator

P. O. Box 512 Alto, NM 88312

4. Well Location

Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line

Section 12

Township 19S

Range 29E

NMPM

Eddy

County

10. Proposed Depth

2600

11. Formation

Queen

12. Rotary or C.I.

Rotary

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

3388

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

A.F.T.

16. Approx. Date Work will start

5-30-90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12"	8 5/8	23	350	300	Surface
7 7/8	5 1/2	15.5	2600	375	300'

Move in rotary D.R.

Set 350' of 8 5/8 csg., let set 12 hrs. 18 hrs

Drill 7 7/8 hole w/salt water to 2600'

Log well & run approx. 2600' of 5 1/2" csg.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 11/29/90

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

D. W. Berry

TITLE Owner

DATE 4/30/90

TYPE OR PRINT NAME

D. W. BERRY

(505) 336-4247
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

MAY 29 1990

CONDITIONS OF APPROVAL, IF ANY:

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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MAY 14 '90

Form C-102
Revised 1-1-89

RECEIVED

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P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesia, NM 88210

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1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

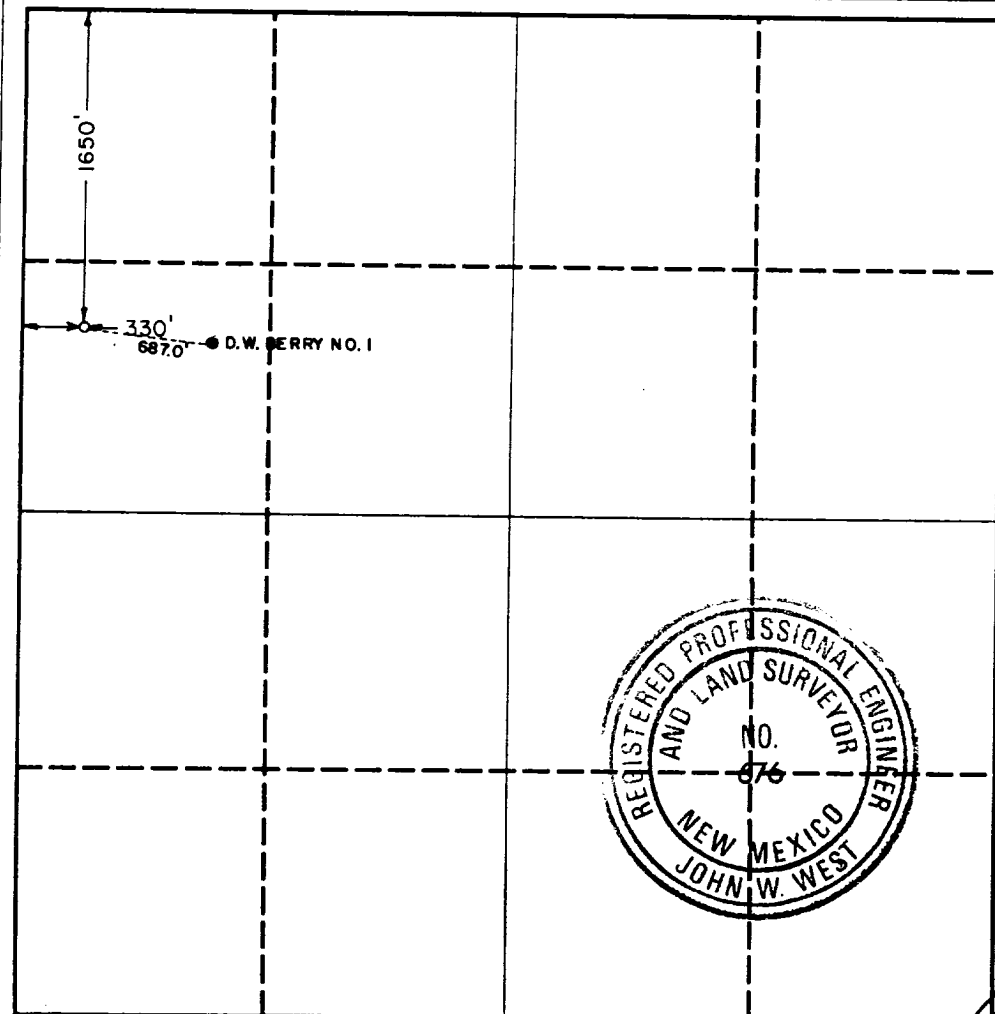
All Distances must be from the outer boundaries of the section

MAY - 2 '90

O. C. D.
FIELD OFFICE

Operator D.W. BERRY			Lease STATE "T"		Well No. 2
Unit Letter E	Section 12	Township 19 SOUTH	Range 29 EAST	County EDDY	
Actual Footage Location of Well: 1650 feet from the NORTH line and 330 feet from the WEST line					
Ground level Elev. 3388.0'	Producing Formation <i>Queen</i>		Pool <i>E. Turber Turb. Spec</i>	Dedicated Acreage: Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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
D.W. Berry
Printed Name
D.W. BERRY
Position
Owner
Company
D.W. Berry
Date
5-2-90

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
April 11, 1990
Signature & Seal of
Professional Surveyor

John W. West
Certificate No. JOHN W. WEST, 676
RONALD J. ENDSON, 3230