District 1 PO Box 1980, Ho District II PO Drawer DD, 7 District III 1000 Rio Brazos I District IV PO Box 2088, Sas APPLICA	Aricana, NM Rd., Aziec, nua Fc, NM TION	88211-0719 NM 87410 87504-2088	RMIT '	Ebergy, Mir DIL CON Santz TO DRI	ate of New Servaria & Natural R NSERVATIO PO Box 2 a Fe, NM 8 LL, RE-	CN DIVIS 088 7504-2088	ION	E Dugb	mit to /	Ins Appropria State Fee AMEN OR A	Form C-101 ebruary 10, 1994 structions on back ate District Office Lease - 6 Copies Lease - 5 Copies IDED REPORT DD A ZONE GRID Number 05268	
	0 Box 1								' API Number			
· Prope	rlsbad,	NM 88	NM 88220 Property Name				N. DAV			30 - 0 15-21362		
471		Cueva Unit								• Well No.		
⁷ Surface Location												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South	tine	Feet from the	East/V	Vest time	County	
К	6	235	26E		1980	South		1980	West	:	Eddy	
⁸ Proposed Bottom Hole Location If Different From Surface												
UL or iot no.	Section	Тожызыр	Range	Lot Idn	Fost from the	North/South	lize	Feet from the	East/V	Vest line	County	
		1 Pm pm	ed Pool I	[14.5	L			
	тора		¹⁴ Proposed Pool 2									
"Work Type Code ¹² Well Type Code					¹³ Cable	¹³ Cable/Rotary ¹⁴ L			Lease Type Code ¹⁴ Ground Level Elevation			
A			G		R		S		3418.7			
* Multiple			17 Proposed Depth		" Formation			" Contractor		¹⁰ Spud Date		
No Morrow												
Hole Si	Casi				and Cement Program							
			Casing Size		Casing weight/foot		Setting Depth		Sacks of Cement		Estimated TOC	
							<u></u>					
		<u> </u>							·			
²¹ Describe the s		16 Ab										
Operator sand. O The prop	set a perato osed A	blanki r will toka in	ng plu cap wi terval	g on 8- th 35' is 105	ditional sheets if a 8-96 and c of cement. 90'-10598 nd tested	on 8-27-9 Propose	6 to	oped with	2 sx	of 20	ed new productive	
²³ I hereby certify	that the inf	ormation give	a above is u	rue and comp	iete to the best							
of my knowledge Signature:	HIM	L	UIL CONSERVATION DIVISION									
Printed name:						Approved by: OBIONAL SIGNED BY TIM W. GUM						
Mitchell Morris						Tide: DISTRICT II SUPERVISOR						
Accountant		t	Tab			OLI 10 1000			Expiratio	n Date:		
9/6/96			Phone: (505)	887-55	81	Conditions of Approval : Attached						