

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

CLT
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OIL CONSERVATION DIVISION

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

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

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

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

API NO. (assigned by OCD on New Wells)

30-015-26924

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V2785

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 ☒

7. Lease Name or Unit Agreement Name

WOLVERINE STATE

2. Name of Operator

CHI OPERATING, INC ✓

8. Well No.

1

3. Address of Operator

P. O. BOX 1799, MIDLAND, TX 79702

9. Pool name or Wildcat

UND. DELAWARE

4. Well Location

Unit Letter A : 660 Feet From The EAST Line and 660 Feet From The NORTH Line

Section

23

Township

25S

Range

27E

NMPM

EDDY

County

10. Proposed Depth

5,900'

11. Formation

DELAWARE

12. Rotary or C.T.

ROTARY

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

3061GR

14. Kind & Status Plug. Bond

\$50,000 DKT

15. Drilling Contractor

L&M DRILLING

16. Approx. Date Work will start

01/20/92

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	4800#	300'	300	SURFACE
12 1/4	8 5/8	2400#	2300'	500	1500'
7 7/8	5 1/2	15.50#	5900'	700	4000'

It is proposed to drill this well to a TD of 5900' and test the Delaware Formation.

The blowout prevention program is as follows:
BOP is a 10" Camron SF Space Saver with double hydraulics.

Part ID-1
1-24-92
New loc + APF

RECEIVED 180 DAYS
7/22/92
UNLAWFUL TO REPRODUCE

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 David H. Harrison TITLE PRESIDENT DATE 01/16/92

TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915-685-5001

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JAN 22 1992

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

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

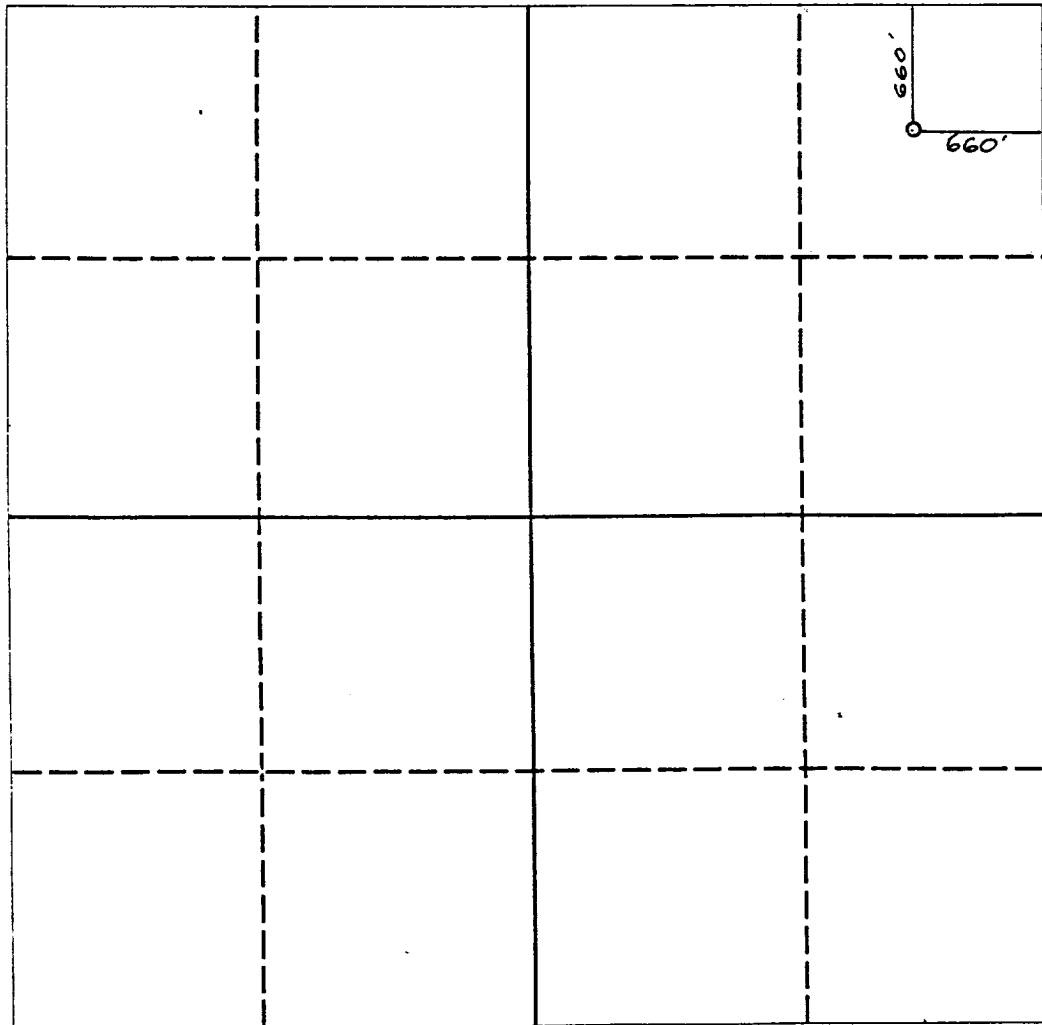
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHI OPERATING, INC.			Lease WOLVERINE STATE		Well No. 1
Unit Letter A	Section 23	Township 25 SOUTH	Range 27 EAST	County EDDY COUNTY, NM	
Actual Footage Location of Well: 660 feet from the NORTH line and 660 feet from the EAST line					
Ground level Elev. 3061.	Producing Formation DELAWARE		Pool UND. DELAWARE	Dedicated Acreage: 40 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.



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

OPERATOR CERTIFICATION

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

Signature

DAVID H. HARRISON

Printed Name

PRESIDENT

Position

CHI OPERATING, INC

Company

01/16/92

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

JANUARY 8, 1992

Signature & Seal of Professional Surveyor

