

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

30-039-25056 ✓
Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

JACK A. COLE

3. ADDRESS OF OPERATOR

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1870' FSL X 800' FWL

At proposed prod. zone SAME

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

5 MILES NORTH OF LYBROOK, NEW MEXICO

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

2557.86

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

5800

17. NO. OF ACRES ASSIGNED
TO THIS WELL

160

20. ROTARY OR CABLE TOOLS

ROTARY TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

GL: 6581' MSL, KB: 6595' MSL

22. APPROX. DATE WORK WILL START*

1 MARCH 1991

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12.250	8.625"	24.0	250'
7.875	4.500"	11.6	5800'

DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO THE FOLLOWING WITH ATTACHED
"GENERAL REQUIREMENTS".

250 SX
1340 SX-OR SUFFICIENT QUANTITY
TO COVER CASING FROM TOP TO BOTTOM

OPERATOR PLANS TO DRILL TO THE GALLUP FORMATION. ALL PRODUCING INTERVALS IN THE GALLUP,
WILL BE STIMULATED AS REQUIRED.

EXHIBITS

- A. LOCATION & ELEVATION PLAT
- B. TEN-POINT COMPLIANCE PROGRAM
- C. BLOWOUT REVERTER DIAGRAM
- D. MULTI-POINT REQUIREMENTS OF APD
- E. ACCESS ROAD TO LOCATION

- F. DRILLING RIG LAYOUT
- G. COMPLETION RIG LAYOUT
- H. LOCATION PROFILE & CUT/FILL DIAGRAM
- I. PRODUCTION FACILITIES LAYOUT

"Approval of this action does

not warrant that the application

holds legal or equitable right

to this lease"

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout
preventer program, if any.

24.

SIGNED

TITLE

ENGR. & PRODUCTION MGR.

DATE 31 DECEMBER 1990

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

MAR 11 1991

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 05 1991
AREA MANAGER

OIL CON. DIV.

DIST. 3

NMOOD

*See Instructions On Reverse Side

EV1339

NOV 10 1967

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 JACK A. COLE		Lease LARGO SPUR A		Well No. # 1
Unit Letter L	Section 18	Township 24 NORTH	Range 6 WEST	County RIO ARriba
Actual Footage Location of Well: 1870 feet from the SOUTH line and 800 feet from the WEST line				
Ground level Elev. 6581	Producing Formation GALLUP	Pool DEVIL'S FORK GALLUP 9550C		Dedicated Acreage: 160 159.54 Acres
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>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).</p> <p>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.? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____</p> <p>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.</p>				

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

NEEL L. DUNCAN

Position

ENGR. & PRODUCTION MGR.

Company

JACK A. COLE

Date

31 DECEMBER 1990

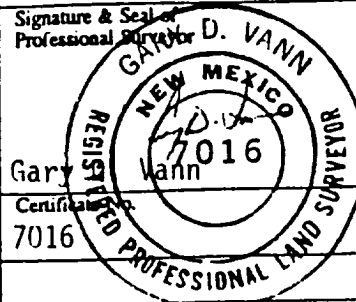
SURVEYOR CERTIFICATION

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

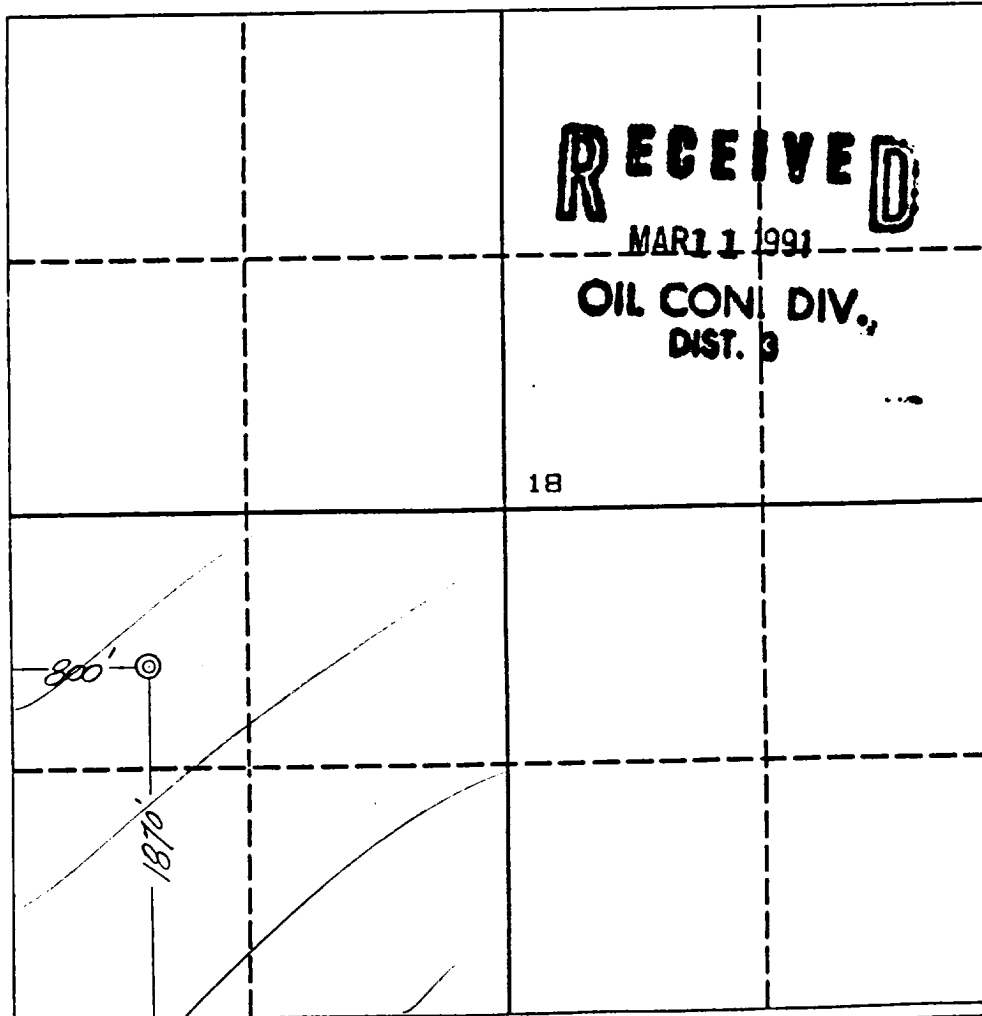
December 12, 1990

Signature & Seal of
Professional Surveyor



Gary

Certification No.
7016



RECEIVED

NOV 19 1964

