## SUBMIT IN TRIPLICATE\*

(Other instructions on reverse side)

6-64-4 Form approved. Budget Bureau No. 42-R1425.

UNITED STATES DEPARTMENT OF THE IN

| DEPARTMENT OF T                                                                           | 5. LEASE DESIGNATION AND SERIAL NO. |                                         |                                                  |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|--------------------------------------------------|--|--|
| GEOLOGICAL S                                                                              | Jicarilla Cont.#152                 |                                         |                                                  |  |  |
| APPLICATION FOR PERMIT TO DRI                                                             | LL, DEEPEN, OR PLUG E               | BACK                                    | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME             |  |  |
| 1a. TYPE OF WORK                                                                          |                                     |                                         | Jicarilla Apache                                 |  |  |
| DRILL X DEE                                                                               | PEN 🗌 PLUG BA                       | CK 🗌                                    | 7. UNIT AGREEMENT NAME                           |  |  |
| b. TYPE OF WELL                                                                           | CINOTE COMPANY                      |                                         |                                                  |  |  |
| O'L GAS WELL OTHER                                                                        | SINGLE MULTIP                       | LE X                                    | 8. FARM OR LEASE NAME                            |  |  |
| 2. NAME OF OPELATOR                                                                       |                                     |                                         | Jicarilla                                        |  |  |
| Consolidated Oil & Gas, Inc.                                                              |                                     |                                         | 9. WELL NO.                                      |  |  |
| 3. ADDRESS OF OPERATOR                                                                    |                                     |                                         | 3E                                               |  |  |
| P.O. Box 2038, Farmington, No.                                                            |                                     | 10. FIELD AND POOL, OR WILDCAT          |                                                  |  |  |
| 4. LOCATION OF WELL (Report location clearly and in accords At surface                    | Basin Dakota                        |                                         |                                                  |  |  |
| 1800' FNL & 1700' FWL (SE/NW)(F)                                                          |                                     |                                         | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |  |  |
| At proposed prod. zone                                                                    |                                     |                                         | F                                                |  |  |
| Same                                                                                      |                                     |                                         | <sup>1</sup> Sec 8, T26N, R5W                    |  |  |
| 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*                     |                                     |                                         | 12. COUNTY OR PARISH 13. STATE                   |  |  |
| 40 miles NW of Lindrith, New Mexico                                                       |                                     |                                         | Rio Arriba N.M.                                  |  |  |
| 15. DISTANCE FROM PROPOSED*                                                               | 16. NO. OF ACRES IN LEASE           |                                         | F ACRES ASSIGNED                                 |  |  |
| LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig, unit line, if any) | 2503.0                              | N                                       | 320                                              |  |  |
| 18. DISTANCE FROM PROPOSED LOCATION®                                                      | 19. PROPOSED DEPTH                  | ROPOSED DEPTH 20. ROTARY OR CABLE TOOLS |                                                  |  |  |
| TO NEAREST WELL, DRILLING, COMPLETED, CR APPLIED FOR, ON THIS LEASE, FT. 2200             | 8040'                               |                                         | Rotary                                           |  |  |
| 21. ELEVATIONS (Show whether DF, RT, GR, etc.) DRILLING UPERATIONS AUTHORIZED ARE         |                                     |                                         | 22. APPEOX. DATE WORK WILL START*                |  |  |
| SUBJECT TO COMPLIANCE WITH ATTACHED                                                       |                                     |                                         | July 1984                                        |  |  |
| 23. "GROEDSED                                                                             | REASING AND CEMENTING PROGRA        | AM This                                 | action is subject to administrative              |  |  |

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | appeal pursuants of Mark 290; |
|--------------|----------------|-----------------|---------------|-------------------------------|
| 15-1/2"      | 10-3/4"        | 40.5#           | 3001          | 354 cu ft                     |
| 9-7/8"       | 7-5/8"         | 26.4#           | 38301         | 1238 cu ft                    |
| 6-3/4"       | 5-1/2"         | 15.5 & 17#      | 80401         | 1404 cu ft                    |

- 1. Drill 15-1/2" hole to 300'. Run and cement 10-3/4" casing. Circulate cement to surface. WOC 12 hours.
- 2. Install casinghead and BOP. Pressure test to 1500 psi.

- Run 7-5/8" casing and cement w/1238 cu ft. 3. Drill 9-7/8" hole to 3830'.
- 4. Change circulating medium to air or gas and drill 6-3/4" hole to TD.
- 5. Run open hole logs.
- 6. Run 5-1/2" liner from 3680' to TD and cement w/1404 cu ft.
- 7. Perforate Dakota and Gallup formations, stimulate and complete well RECEIVED per regulations.

JUN 13 1984

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

| SIGNED Barbara Rex SIE MITTLE Prod. & Drlg. Techni | ciarAPPROVED984          |
|----------------------------------------------------|--------------------------|
| (This space for Federa Diagnostic land)            | AS AMENDED               |
| APPROVED BY                                        | JUL 2 0 1984             |
| CONDITIONS OF APPROVAL, IF ANY OIL CON. 3          | AREA MANAGER             |
| *See Instructions On Reverse Side                  | FARMINGTON RESOURCE AREA |

**NMOCC** 

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

form C-107 Revised 10-1-78

P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

|                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | All distances must be | rom the nuter has | ndestes of t | the Section.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
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| - A-e1010f                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                       | Leuse             |              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1          | Well Ho.                                                                    |
| CONSOLIDAT                                                                                                                                                                                                                                                                                                                                                                                        | משי                                    | GAS, INC.             |                   | JICARI       | CARILLA 3.E                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 3.E                                                                         |
| Init Letter Section                                                                                                                                                                                                                                                                                                                                                                               |                                        | Township              | Hange             |              | County                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                   | 8                                      | 26 NORTH              | 5 WES             | r            | RI                                    | O ARRIB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Α          |                                                                             |
| Actual Fastage Location (                                                                                                                                                                                                                                                                                                                                                                         |                                        | 20 NORTH              |                   | <del></del>  | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
| _                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | NORTH line and        | 17                | 00 (ce)      | from the                              | WES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T _i       | ine                                                                         |
| 1800 (1                                                                                                                                                                                                                                                                                                                                                                                           | from the                               | 1101121               | Pool              | <i>y</i>     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dedicat    | led Yesoodat                                                                |
| Good Elev.                                                                                                                                                                                                                                                                                                                                                                                        | t                                      |                       | Ba                | sin Da       | kota                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 320 Arina                                                                   |
| 6975                                                                                                                                                                                                                                                                                                                                                                                              | Dakota                                 |                       |                   |              |                                       | l ·h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | lalow                                                                       |
| 1. Outline the acrenge dedicated to the subject well by colored pencil or hachare 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).                                                                                                                                        |                                        |                       |                   |              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
| dated by commu                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                       |                   |              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
| 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 interests, has been approved by the Division. |                                        |                       |                   |              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                             |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                       | 800,                                   |                       |                   | ·/           |                                       | toined he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | certify th | IFICATION  not the information con- rue and complete to the dge and belief. |
| 1700'                                                                                                                                                                                                                                                                                                                                                                                             |                                        | BUREAU                | CEV<br>JUN 13 198 | AGEMENT      |                                       | Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ated       | g. Technician Oil & Gas, Inc.                                               |
| OIL C                                                                                                                                                                                                                                                                                                                                                                                             | 1 V E<br>1 3 1984<br>ON. DIV<br>OST. 3 |                       |                   |              |                                       | shown on notes of under my is true of knowledge in the control of | b.         | unal Engineer                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                               | ////E                 | 0 1300            | ore P        |                                       | James<br>James<br>James<br>1463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Leese                                                                       |

