

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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
McKenzie Methane Corporation

3. ADDRESS OF OPERATOR
1625 Broadway, Suite 2580, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface
1740' FSL, 900' FWL
At proposed prod. zone
same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
± 11.3 miles south and east of Bloomfield off of Hwy #44

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any) 900'

16. NO. OF ACRES IN LEASE ±2040 6/16/84
17. NO. OF ACRES ASSIGNED TO THIS WELL 320 W1 320/80
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. ±300' SE
19. PROPOSED DEPTH 2060'

20. ROTARY OR CABLE TOOLS Rotary
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 6037' GR
22. APPROX. DATE WORK WILL START* May 15, 1990

This action is subject to technical and procedural review pursuant to 43 CFR 3160.3 and appeal pursuant to 43 CFR 3160.4.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE BY EUBB	WEIGHT PER FOOT	SETTING DEPTH
12-1/2"	24#	250'
7-7/8"	11.6#	2060'

DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS"
200sx CL. "B" w/ 2% CaCl₂
300sx 65/35 POZ w/ 1#/sx flocele
6% gel + 125sx 50/50 POZ w/ 2% CaCl₂

RECEIVED
MAY 24 1990

OIL CON. DIV.
DIST. 3

"Approval of this action does not warrant that the applicant holds legal or equitable rights or title to this lease."

RECEIVED
MAY 24 1990

OIL CON. DIV.
DIST. 3

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.

24. SIGNED H. J. R. R. R. TITLE Technician DATE April 23, 1990

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

NOV 10 1940
C 1210

NOV 10 1940
C 1210

at to Appropriate
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

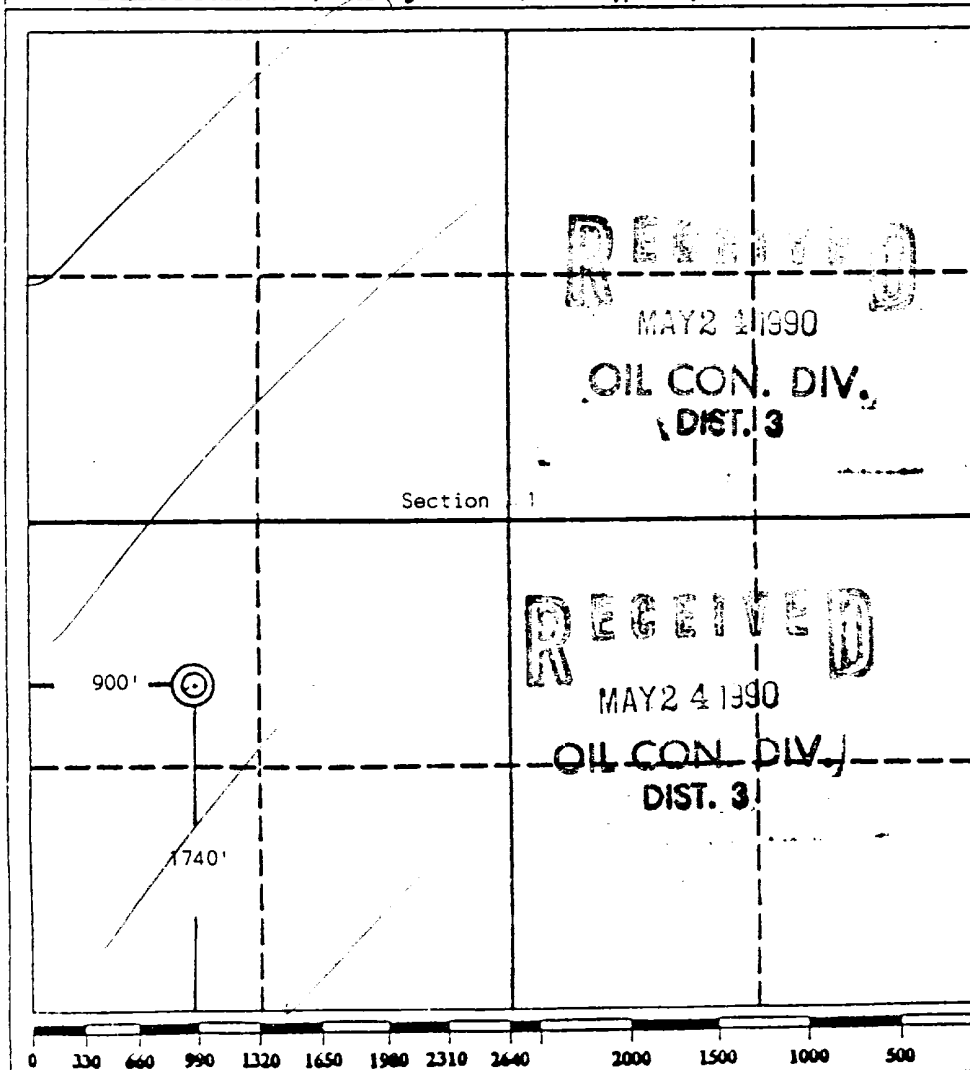
Operator McKenzie Methane Corporation			Lease Angel Peak 1 L		Well No. 8
Unit Letter L	Section 1	Township 27 North	Range 10 West	County San Juan	
NMPM					

Actual Footage Location of Well:

1740 feet from the South line and 900 feet from the West line

Ground level Elev. 6037	Producing Formation Fruitland Coal	Pool Basin Fruitland Coal	Dedicated Acreage: 320 W 1/2 Sec 9
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- 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, force-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: *Heather Roark*
Printed Name: Heather Roark
Position: Technician
Company: McKenzie Methane Corp.
Date: April 23, 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: March 15, 1990

Signature & Seal of Professional Surveyor:
Edgar L. Risenhoover
Edgar L. Risenhoover
5979
REGISTERED LAND SURVEYOR
NEW MEXICO