

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 ☐				5. LEASE IDENTIFICATION AND SERIAL NO. SF-078414	
b. TYPE OF WELL OIL WELL ☐ GAS WELL ☒ Coal Seam ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 2325 East 30th Street, Farmington NM 87401				8. FARM OR LEASE NAME Day B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 2110' FSL x 930' FWL At proposed prod. zone Same				9. WELL NO. 13	
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 19 miles northeast of Bloomfield NM				10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 930'		16. NO. OF ACRES IN LEASE 1,692.62		17. NO. OF ACRES ASSIGNED TO THIS WELL 320 W/2 311.91	
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		19. PROPOSED DEPTH See attached plan 3080'		20. ROTARY OR CABLE TOOLS Rotary	
21. ELEVATIONS (Show whether DP, RT, GR, etc.) 6355' GR				22. APPROX. DATE WORK WILL START* As soon as permitted	
23. PROPOSED CASING AND CEMENTING PROGRAM and appeal pursuant to 43 CFR 3.534				DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS"	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		
12-1/4"	9-5/8"	36# K55	250'	200 cf Class B	
8-3/4"	7"	20# K55	2660'	747 cf Class B	
6-1/4"	5-1/2"	23# P110	2818'		

Notice of Staking was submitted 5-8-89.

Lease description:

T29N-R8W, NMPM
Sec. 7: Lots 5-8, E/2
Sec. 8: Lots 1-8, S/2
Sec. 17: E/2
Sec. 18: E/2

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 prevention program, if any.

24. SIGNED <u>J. L. Hampton</u> TITLE <u>Admin. Supv.</u>		APPROVED AS AMENDED AUG 16 1989 AREA MANAGER
(This space for Federal or State office use)		
PERMIT NO. _____	APPROVAL DATE _____	
APPROVED BY _____	TITLE _____	
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

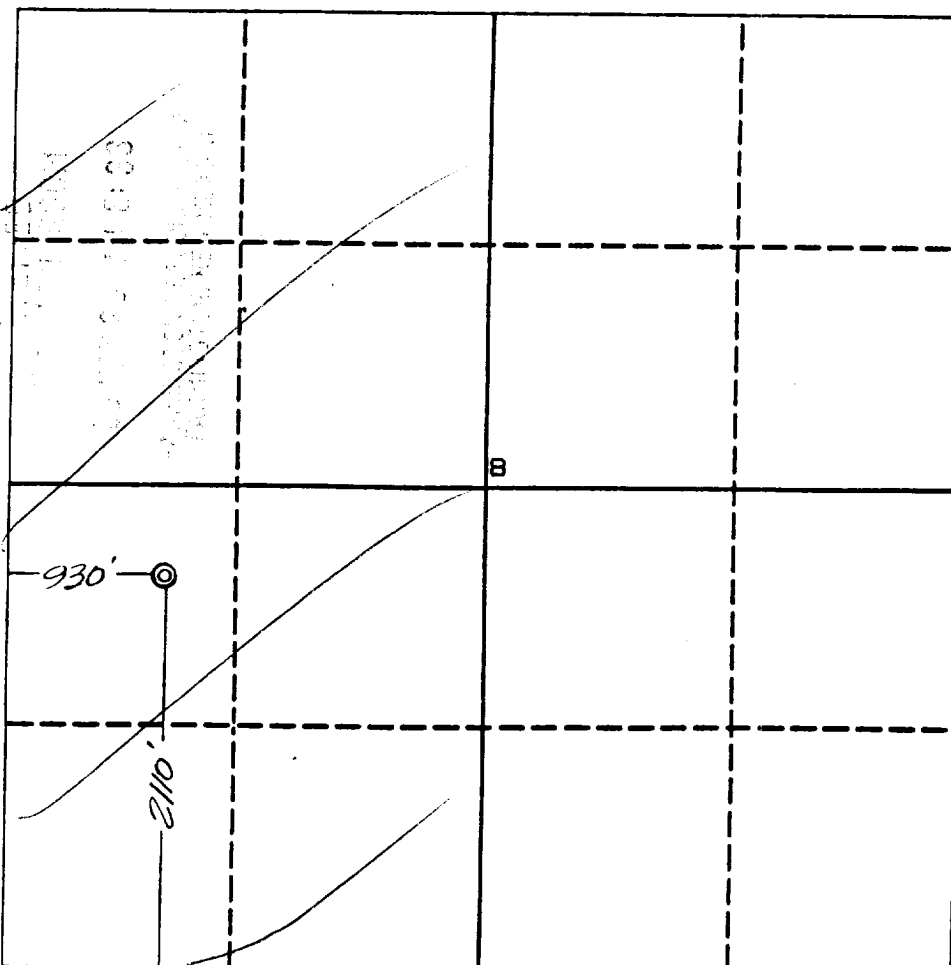
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator AMOCO PRODUCTION COMPANY		Lease DAY /B/		Well No. # 13
Unit Letter L	Section 8	Township 29 NORTH	Range B WEST	County SAN JUAN
Actual Footage Location of Well: 2110 feet from the SOUTH line and 930 feet from the WEST line				
Ground level Elev. 6355	Producing Formation Fruitland	Pool Basin Fruitland Coal Gas	Dedicated Acreage: 320 W/2 3 11.91 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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).
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?
☐ 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.



OPERATOR CERTIFICATION

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

Signature *B. D. Shaw*
Printed Name **B. D. Shaw**
Position **Admin. Supv.**
Company **Amoco Production**
Date **5-8-89**

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 **May 3, 1989**

Signature & Seal of Professional Surveyor
GARY D. VANN
GARY D. VANN
7016
Registered Professional Land Surveyor
7016

