NSL 1588
3 Wells
See the C-101's for
No & location
Rule 104 F
10-7-82
Langlie Mattix
Pool

·C·R·

CORDOVA RESOURCES, INC.
822 CAMPBELL CENTRE I • 8350 NO. CENTRAL EXPWY.
DALLAS, TEXAS 75206
(214) 361-9011

September 14, 1982

Mr. Joe D. Ramey
State of New Mexico
Energy & Minerals Department
Oil Conservation Division
Post Office Box 2088
State Land Office Building
Santa Fe, New Mexico 87501

Re: Drilling Permits
Knight Wells #15, #16, #17
Langlie-Mattix Queens -
7 Rivers
Lea County, New Mexico

Dear Joe:

Cordova Resources, Inc. respectfully requests permission to drill our Knight Lease Wells #15, #16, #17, as shown on the attached Forms C-101.

The subject wells are located in an active waterflood and will allow recovery of additional oil reserves that cannot be recovered by existing oil producing wells. Upon completion of the drilling and completion on the three subject wells the Knight Lease Wells #1, #2, #3, and #4 will be converted from producing wells to water injection wells. Approval of this program will prevent waste of natural resources.

Your prompt consideration of this matter will be greatly appreciated. We have notified all offset operators shown on the attached list of this application by certified mail. If you have any questions concerning this matter please contact me at (214) 361-9011.

Very truly yours,

R.E. Madison

R. E. Madison
Production Superintendent

REM/edd

enclosures

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-101
Revised 10-1-78

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5A. Indicate Type of Lease: STATE [ ] FEE [X]

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well

OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Unit Agreement Name

8. Farm or Lease Name: Knight

2. Name of Operator: Cordova Resources, Inc.

9. Well No.: 15

3. Address of Operator: 8350 N. Central Expwy. Suite 822 Dallas, Texas 75206

10. Field and Pool, or Wildcat: Langlie-Mattix Queens-7 Rive

4. Location of Well: UNIT LETTER I LOCATED 1973 FEET FROM THE South LINE AND 10 FEET FROM THE East LINE OF SEC. 21 TWP. 24-S RGE. 37-E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
3700	Queens-7 Rivers	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3221 GR	Current with National Union Fire Ins. Co.	Vision	9/82

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"	28#	800	500	Surface
7 7/8"	5 1/2"	17#	3700	200	2000'

RECEIVED
SEP 17 1982
OIL CONSERVATION DIVISION
SANTA FE

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.

Signed R. E. Madison (R.E. Madison) Title Prod. Supt. Date 9/2/82

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator	Lease	Well No.
CORDOVA RESOURCES, INC.	KNIGHT	15

Unit Letter	Section	Township	Range	County
I	21	24-S	37-E	LEA

Actual Footage Location of Well:
1973 feet from the SOUTH line and 10 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3221	Queens - 7 Rivers	Langlie - Mattix	20 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

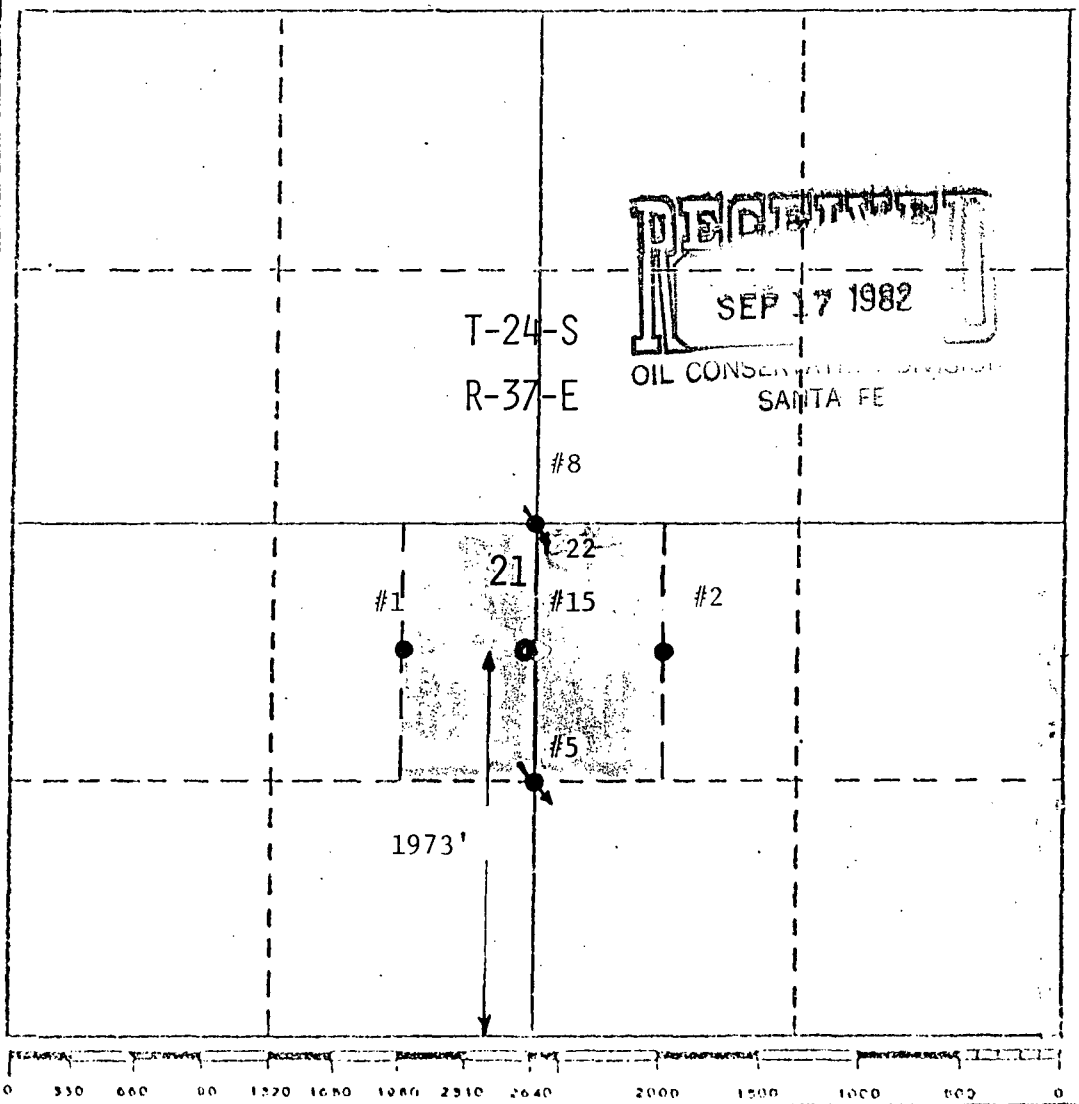
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests 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 interests, has been approved by the Division.



CERTIFICATION

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

R. E. Madison

Name
R. E. Madison

Position
Production Supt.

Company
Cordova Resources, Inc.

Date
9/2/82

REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR
STATE OF NEW MEXICO
No. 3959
WILSON D. WATSON, JR.

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.

August 31, 1982
Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.
3959

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

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

Form C-101
Revised 10-1-78

5A. Indicate Type of Lease STATE [ ] FEE [X]

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well
DRILL [X] DEEPEN [ ] PLUG BACK [ ]
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Unit Agreement Name

8. Farm or Lease Name
Knight

2. Name of Operator
Cordova Resources, Inc.

9. Well No.
16

3. Address of Operator
8350 N. Central Expwy. Suite 822 Dallas, Texas 75206

10. Field and Pool, or Wildcat
Langlie-Mattix Queens - 7 Rive

4. Location of Well UNIT LETTER P LOCATED 658 FEET FROM THE South LINE
AND 10 FEET FROM THE East LINE OF SEC. 21 TWP 24-S RGE. 37-E NMPM

12. County
Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
3700	Queens- 7 Rivers	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3216 GR	Current with National Union Fire Ins. Co.	Vision	9/82

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"	28#	800'	500	Surface
7 7/8"	5 1/2"	17#	3700'	200	2000'

RECEIVED
SEP 17 1982
OIL CONSERVATION DIVISION
SANTA FE

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.

Signed R.E. Madison (R.E. Madison) Title Prod. Supt. Date 9/2/82

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

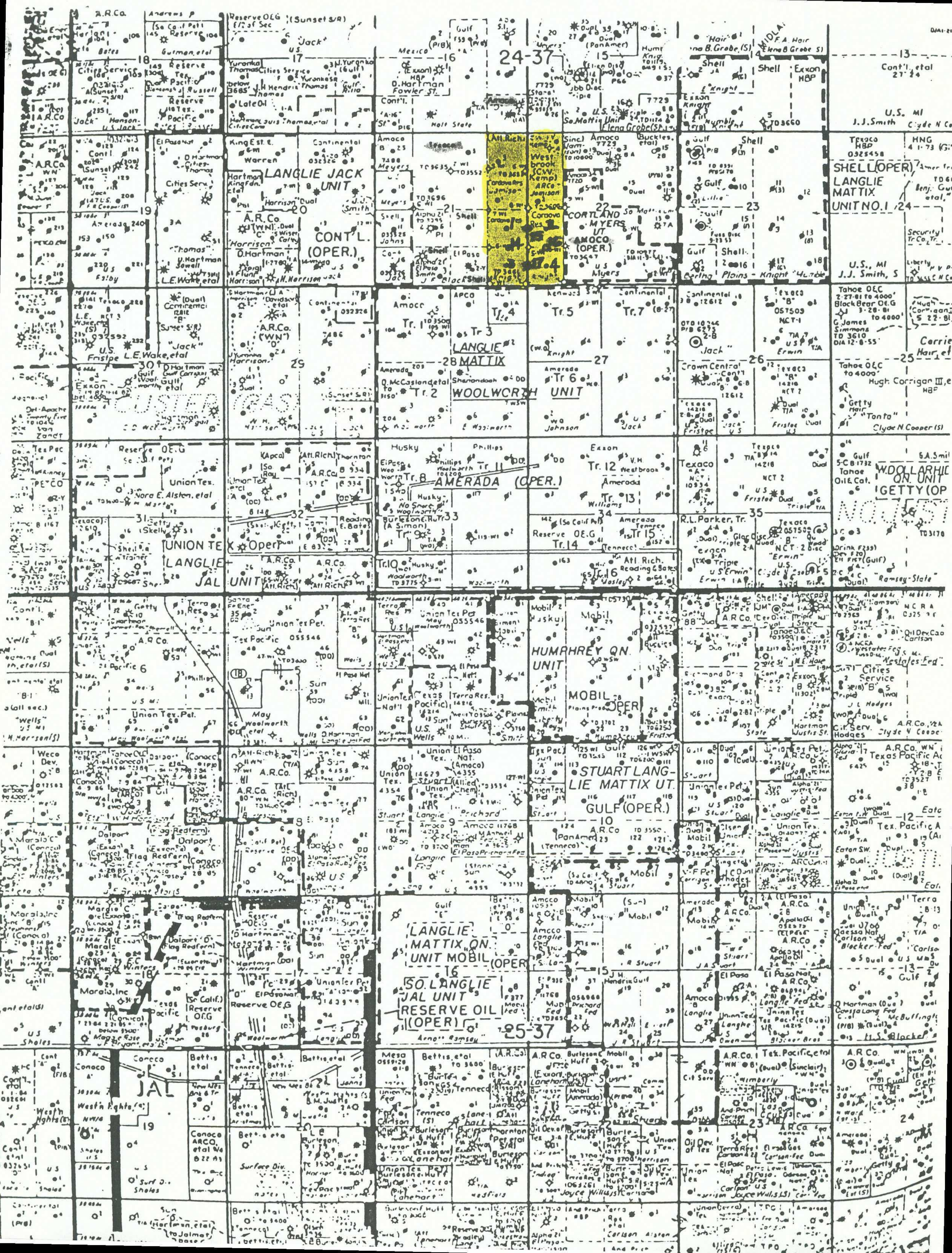
OFFSET OPERATOR LIST

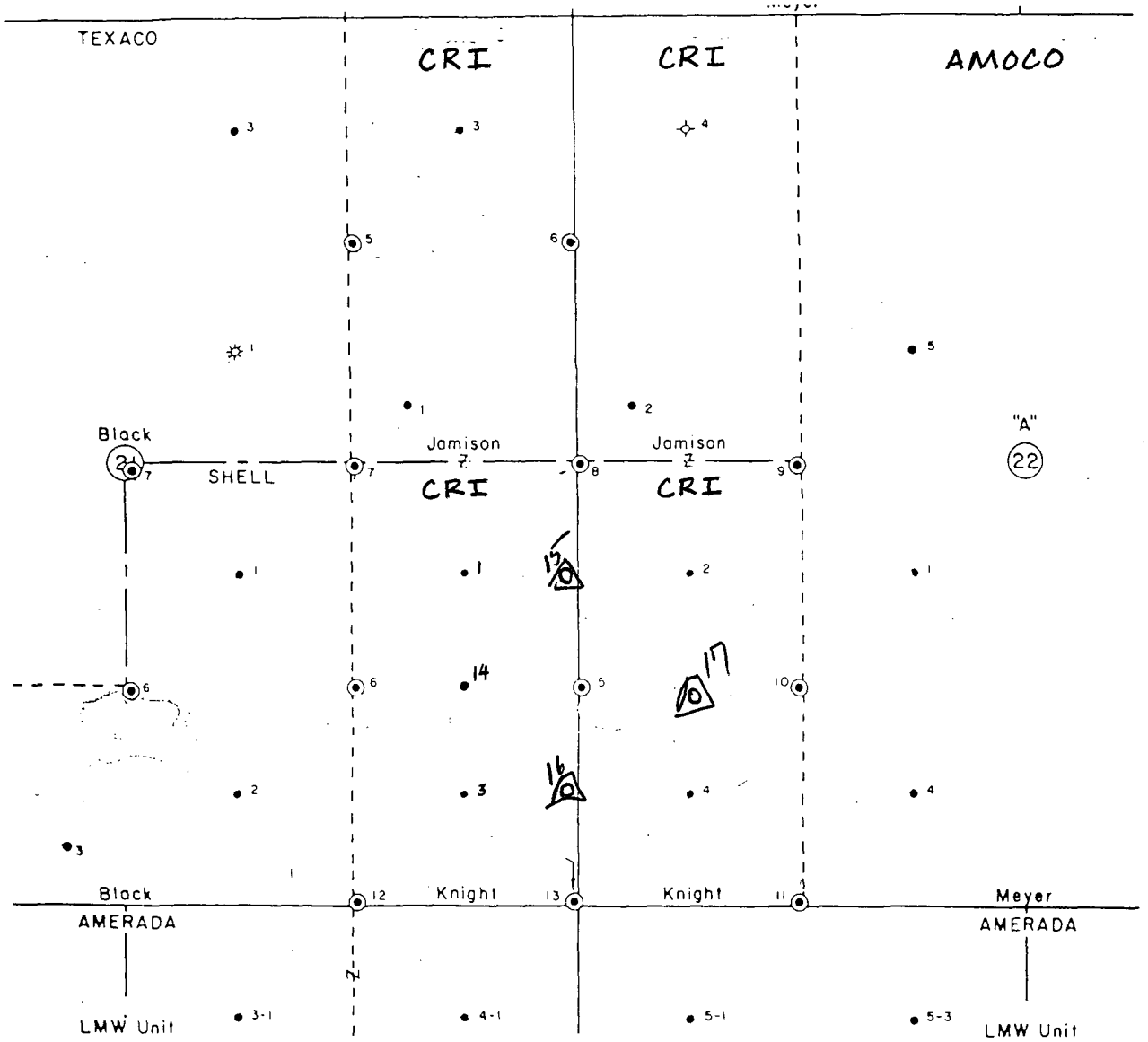
Amoco
Box 68
Hobbs, New Mexico 88240

Shell
Box 1509
Midland, Texas 79701

Amerada
Box 2040
Tulsa, Oklahoma 74102

Texaco
Box 728
Hobbs, New Mexico 88240


24-37
LANGLIE JACK UNIT
CONT'L. (OPER.)
CORTLAND MYERS UT
AMOCO (OPER.)
SHELL (OPER.) LANGLIE MATTIX UNIT NO. 1
LANGLIE MATTIX WOOLWORTH UNIT
AMERADA (OPER.)
UNION TEX LANGLIE JAL UNIT
W. DOLLARHIDE QN. UNIT GETTY (OP
HUMPHREY QN. UNIT
MOBIL OPER
STUART LANGLIE MATTIX UT. GULF (OPER.)
LANGLIE MATTIX QN. UNIT MOBIL (OPER)
SO. LANGLIE JAL UNIT RESERVE OIL (OPER)
25-37
JAL



Knight
Water Flood Project
SECTION 21 & 22,
T 24 S, R 37 E,
LANGLIE-MATTIX FIELD
LEA COUNTY, NEW MEXICO

- PRODUCTION WELL
- PROPOSED PRODUCTION WELL
- INJECTION WELL
- PROPOSED INJECTION WELL
- GAS WELL
- ABANDONED WELL
- DRY HOLE

PROJECT TOTALS	
INJECTION	PRODUCTION

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - [X] Show to whom and date delivered ..... ¢
   - [ ] Show to whom, date, and address of delivery.. ¢
2. [ ] RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:

Amoco
Box 68
Hobbs, NM 88240

4. TYPE OF SERVICE:
   - [ ] REGISTERED [ ] INSURED
   - [X] CERTIFIED [ ] COD
   - [ ] EXPRESS MAIL

ARTICLE NUMBER: 872

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE [ ] Addressee [ ] Authorized agent

5. DATE OF DELIVERY

POSTMARK

6. ADDRESSEE'S ADDRESS *(Only if requested)*

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

P 315 345 872

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Amoco

STREET AND NO.
Hobbs, NM 88240

P.O., STATE AND ZIP CODE
P. O. Box 68

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

9/14/82

PS Form 3800, Apr. 1976

CERTIFIED
P 315 345 872
MAIL

P 315 345 871

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Shell

STREET AND NO.
Box 1509

P.O., STATE AND ZIP CODE
Midland, Texas 79701

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

9/14/82

PS Form 3800, Apr. 1976

CERTIFIED
P 315 345 871
MAIL

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered ..... ¢
☐ Show to whom, date, and address of delivery .. ¢
2. ☐ RESTRICTED DELIVERY ¢
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
Shell
Box 1509
Midland, Texas 79701

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
871

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

PS Form 3811, Dec. 1980

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☒ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery .. ¢
2. ☐ RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. **ARTICLE ADDRESSED TO:**
   Amerada
   Box 2040
   Tulsa, OK 74102

4. **TYPE OF SERVICE:**
   - ☐ REGISTERED ☐ INSURED
   - ☒ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
870

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

5. **DATE OF DELIVERY**

POSTMARK

6. **ADDRESSEE'S ADDRESS** *(Only if requested)*

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

PS Form 3800, Apr. 1976

P 315 345 870

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Amerada

STREET AND NO.
Box 2040

P.O., STATE AND ZIP CODE
Tulsa, OK 74102

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

9/14/82

CERTIFIED
P 315 345 870
MAIL

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):
   - [X] Show to whom and date delivered ..... ¢
   - [ ] Show to whom, date, and address of delivery.. ¢
2. [ ] RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:

Texaco
Box 728
Hobbs, NM 88240

4. TYPE OF SERVICE:
   - [ ] REGISTERED [ ] INSURED
   - [X] CERTIFIED [ ] COD
   - [ ] EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE [ ] Addressee [ ] Authorized agent

5. DATE OF DELIVERY

POSTMARK

6. ADDRESSEE'S ADDRESS *(Only if requested)*

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

MAIL

CERTIFIED

P 315 345 869

PS Form 3800, Apr. 1976

SENT TO	Texaco	
STREET AND NO.	Box 728	
P.O., STATE AND ZIP CODE	Hobbs, NM 88240	
POSTAGE	$	
CERTIFIED FEE	¢	CONSULT POSTMASTER FOR FEES
SPECIAL DELIVERY	¢	OPTIONAL SERVICES
RESTRICTED DELIVERY	¢	
SHOW TO WHOM AND DATE DELIVERED	¢	RETURN RECEIPT SERVICE
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢	
TOTAL POSTAGE AND FEES	$	
POSTMARK OR DATE	9/14/82	

(See Reverse)

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

RECEIPT FOR CERTIFIED MAIL

P 315 345 869

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator	Lease	Well No.
CORDOVA RESOURCES, INC.	KNIGHT	16

Unit Letter	Section	Township	Range	County
P	21	24-S	37-E	LEA

Actual Footage Location of Well:
658 feet from the SOUTH line and 10 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3216'	Queens - 7 Rivers	Langlie - Mattix	20 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

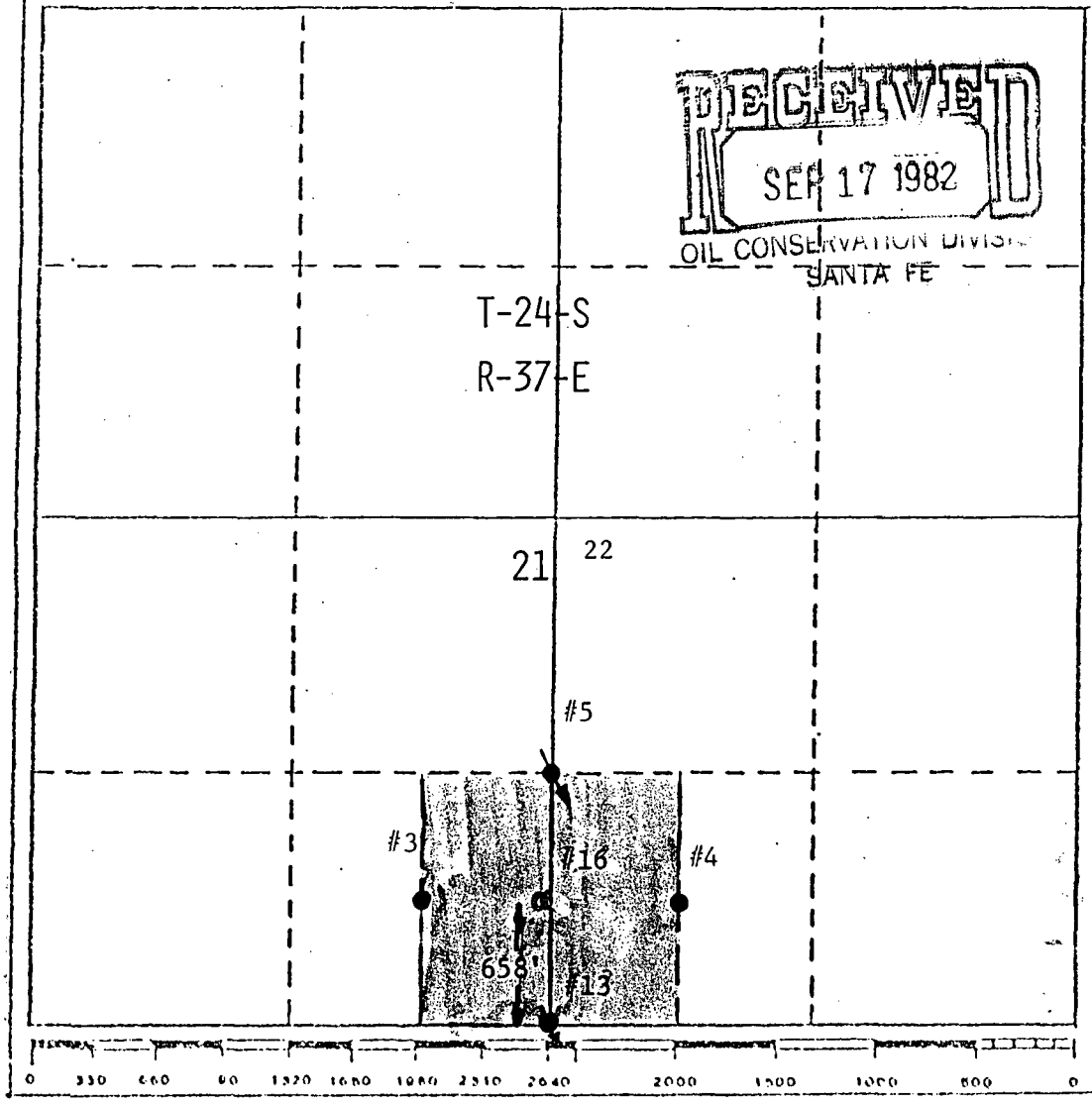
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests 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 interests, has been approved by the Division.



CERTIFICATION

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

R. E. Madison

Name: R. E. Madison

Position: Production Supt.

Company: Cordova Resources, Inc.

Date: 9/2/82

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.

REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR
STATE OF NEW MEXICO
No. 3959
WILSON D. WATSON, JR.

August 27, 1982

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No. 3959

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

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

Form C-101
Revised 10-1-78

5A. Indicate Type of Lease STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

b. Type of Well
DRILL ☒ DEEPEN ☐ PLUG BACK ☐
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Unit Agreement Name

8. Farm or Lease Name
Knight

2. Name of Operator
Cordova Resources, Inc.

9. Well No.
17

3. Address of Operator
8350 N. Central Expwy. Suite 822 Dallas, Texas 75206

10. Field and Pool, or Wildcat
Langlie-Mattix Queens - 7 River

4. Location of Well
UNIT LETTER M LOCATED 1315 FEET FROM THE South LINE
AND 660 FEET FROM THE West LINE OF SEC. 22 TWP. 24-S RGE. 37-E NMPM

12. County
Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
3700'	Queens-~~Grayburg~~ 7 RIVERS	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3221 GR	Current with National Fire Ins. Co.	Vision Drlg.	9/82

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"	28#	800'	500	Surface
7 7/8"	5 1/2"	17#	3700'	200	2000'

RECEIVED
SEP 17 1982
OIL CONSERVATION DIVISION
SANTA FE

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.

Signed R.E. Madison (R.E. Madison) Title Prod, Supt. Date 9/2/82

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator	Lease	Well No.
CORDOVA RESOURCES, INC.	KNIGHT	17

Unit Letter	Section	Township	Range	County
M	22	24-S	37-E	LEA

Actual Footage Location of Well:
1315 feet from the SOUTH line and 660 feet from the WEST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3221'	Queens - 7 Rivers	Langlie - Mattix	20 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

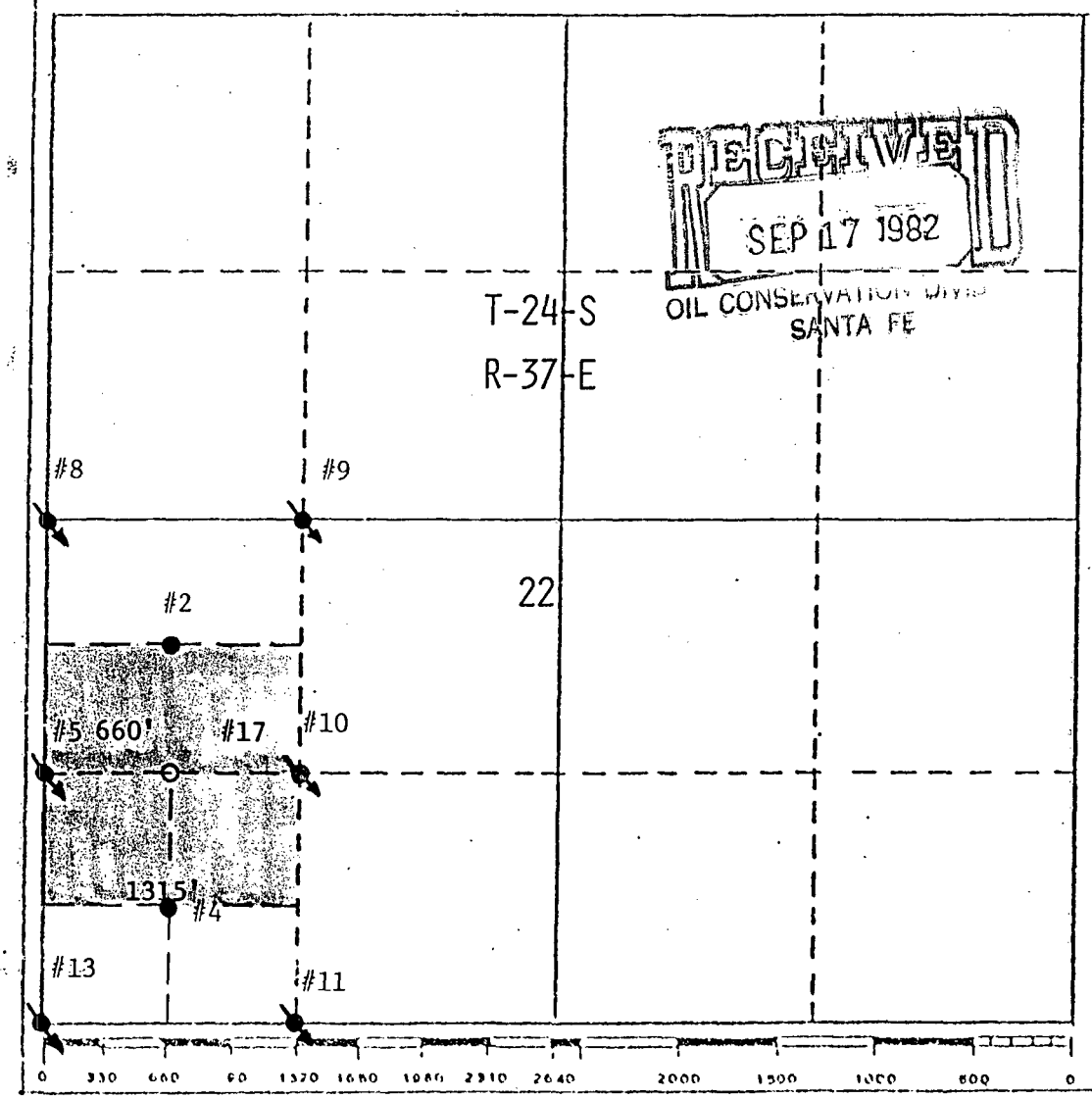
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests 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 interests, has been approved by the Division.



CERTIFICATION

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

R. E. Madison

Name: R. E. Madison

Position: Production Supt.

Company: Cordova Resources, Inc.

Date: 9/2/82

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.

REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR
STATE OF NEW MEXICO
No. 3959
WILSON B. WATSON, JR.

August [illegible], 1982

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No. 3959