

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

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OPERATOR	1

APL # 30-021-20184

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				7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Carbon Dioxide SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Farm or Lease Name Hayoz	
2. Name of Operator Etheldred T. Ross				9. Well No. 4	
3. Address of Operator P.O. Box 476 Panhandle, Texas 79068				10. Field and Pool, or Wildcat Wildcat	
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>14</u> TWP. <u>19N</u> RGE. <u>30E</u> NMPM				12. County Harding	
19. Proposed Depth 2200 feet		19A. Formation Tubb		20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4490 MSL		21A. Kind & Status Plug. Bond Blanket-Current		21B. Drilling Contractor James Drilling Co.	
				22. Approx. Date Work will start 11-11-83	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2	9 5/8	36 lbs.	450 feet	350	Surface
8 3/4	7	26 lbs.	2200 feet	400	Surface

After drilling well, logs will be run and evaluation made. Perforating and/or stimulating as necessary in attempting commercial production.

Mud Program- Best to maintain good hold conditions.

APPROVAL VALID FOR 90 DAYS  
PERMIT EXPIRES 2/6/84  
UNLESS DRILLING UNDERWAY

COLLECT AND SACK SAMPLES FOR  
NEW MEXICO BUREAU OF MINES, SBOBORRO  
AT AT LEAST TEN FOOT INTERVALS

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 Etheldred T. Ross Title Operator Date 11-3-83

(This space for State Use)

APPROVED BY Carl Wilcox TITLE Director DATE 11/7/83

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION COMMISSION TO BE NOTIFIED  
WITHIN 24 HOURS OF BEGINNING OPERATIONS

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

Operator <b>E.T. Ross</b>		Lease <b>Hayoz</b>		Well No. <b>4</b>
Unit Letter <b>D</b>	Section <b>14</b>	Township <b>19 N</b>	Range <b>30 E</b>	County <b>Harding</b>
Actual Footage Location of Well: <b>660</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>West</b> line				
Ground Level Elev. <b>4490 MSL</b>	Producing Formation <b>Tubb</b>	Pool <b>No</b>	Dedicated Acreage: <b>80</b> Acres	

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

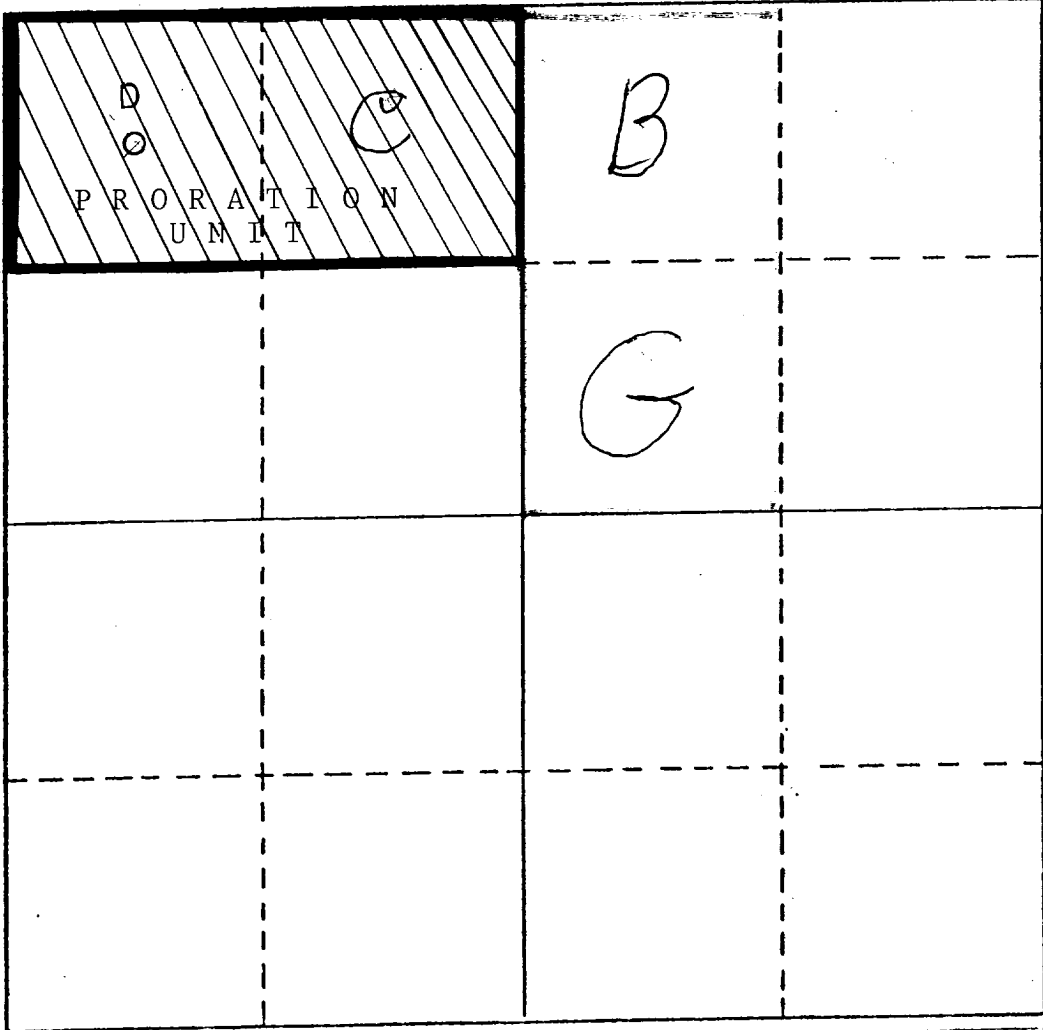
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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?  
Not applicable as this is one lease.

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.

Name *E. T. Ross*  
Position *Operator*  
Company \_\_\_\_\_

Date *2-9-80*

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.

*W.E. Bollschweiler*  
Date Surveyed *2-1-80*

Registered Professional Engineer and/or Land Surveyor

**W.E. Bollschweiler L.S.**

Certificate No. **1566**

