

NM OIL CONS. COMMISSION
Dr. DD
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE "PLICATE"
(Other Instr. as on
reverse side)Form approved.
Budget Bureau No. 42-R1425.

SF / file

30-005-6100
5. LEASE DESIGNATION AND SERIAL NO.

NM 36193

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

TRANSWESTERN GAS SUPPLY COMPANY ✓

3. ADDRESS OF OPERATOR

P.O. Box 2521, Houston, TX 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1980'/N 990'/E Sec.15

At proposed prod. zone

Same

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fourmile Draw Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Abo

11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA

Sec.15-6S-22E.

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

29 miles northwest of Roswell, N.M.

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any.)

1980'

16. NO. OF ACRES IN LEASE

2327.51

17. NO. OF ACRES ASSIGNED
TO THIS WELL

160

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

11,220'

19. PROPOSED DEPTH

4500' Abo

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS: (Show whether DF, RT, GR, etc.)

4280' GL

22. APPROX. DATE WORK WILL START*

May 1, 1982

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	48.0# K-55	60'	RediMix - TD to Surface
12 1/4"	8 5/8"	24.0# K-55	1800'±	± 950 sx - Circulate
7 7/8"	4 1/2"	10.5# J-55	TD	± 350 sx To Cover Abo

Propose to drill to about 4500' to test Abo and intermediate formations.

See attached "Supplemental Drilling Data".

See Exhibit "D" for BOP information.

Gas is dedicated.

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

JERRY W. LONG

TITLE Agent

DATE April 16, 1982

(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

Revised
N.B. & ID-1
5-25-82

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

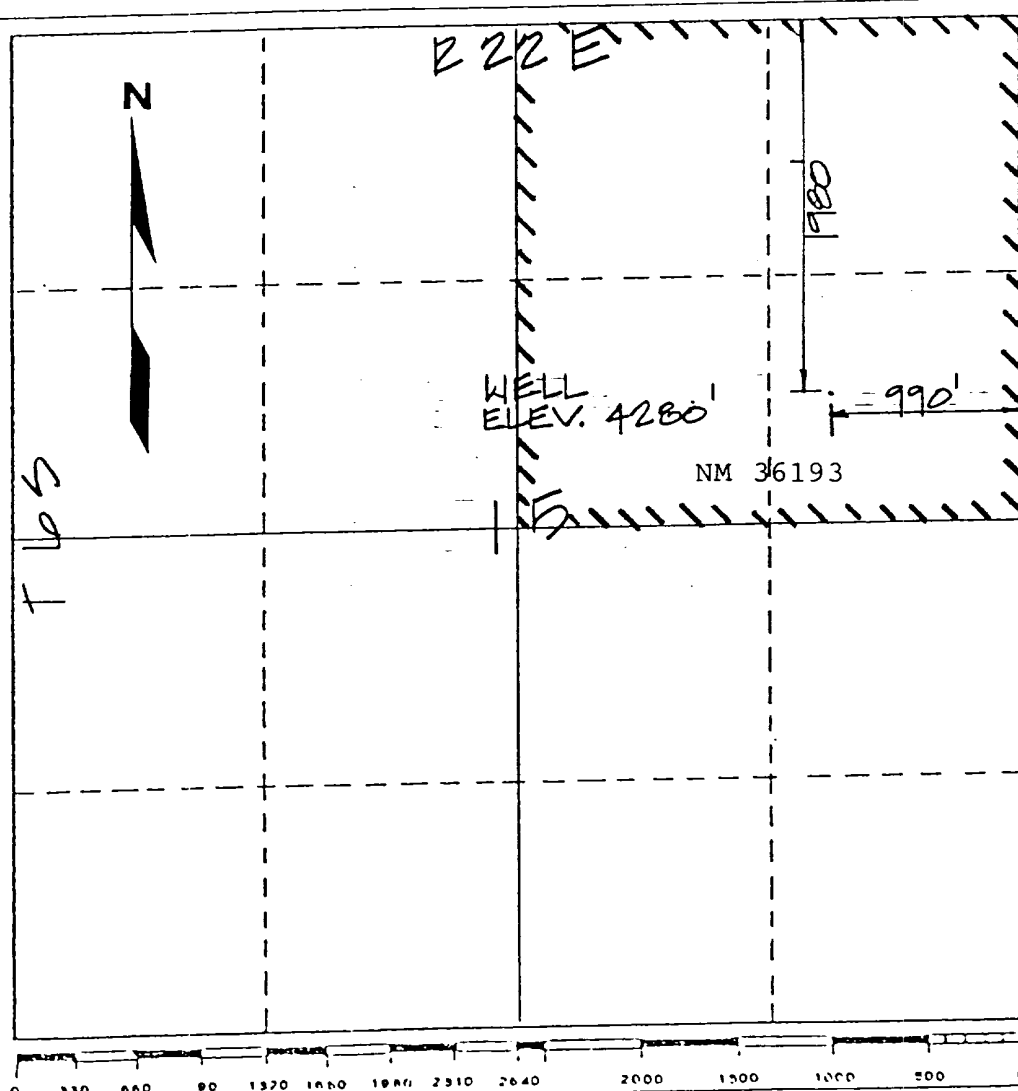
Operator TRANSWESTERN GAS SUPPLY COMPANY			Lease Fourmile Draw Federal		Well No. 1
Unit Letter H	Section 15	Township 6-S	Range 22-E	County Chaves	
Actual Footage Location of Well: 1980 feet from the NORTH line and 990 feet from the EAST line					
Ground Level Elev. 4280'	Producing Formation Abo		Pool Undesignated		Dedicated Acreage: (NE 1/4) 160 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). Single lease
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.

Jerry W. Long
Name
JERRY W. LONG

Position
Agent

Company
TRANSWESTERN GAS SUPPLY CO.

Date
April 16, 1982

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.

31 March 1982

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Gordon J. Douglas, PLS

N.M. License No. 6054

Certificate No.

SUPPLEMENTAL DRILLING DATA

TRANSWESTERN GAS SUPPLY COMPANY
No.1 Fourmile Draw Federal
1980'/N 990'/E Sec.15-6S-22E
Chaves County, N.M.

NM 36193

The following items supplement Form 9-331C in accordance with instructions contained in NTL-6.

1. SURFACE FORMATION: Permian San Andres
2. ESTIMATED TOPS OF GEOLOGIC MARKERS:

San Andres	Surface
Glorieta	1150'
Tubb	2300'
Abo	2750'
3. ESTIMATED DEPTHS TO WATER, OIL OR GAS FORMATION:

Water -	Surface to 300'
Gas -	2750' to 4500'
4. PROPOSED CASING PROGRAM:

13 3/8" Casing	- Set two joints with rat hole machine and grout to surface.
8 5/8" Casing	- Set at 1800'± and cement with an estimated 950 sx of cement. (Circulate)
4 1/2" Casing	- Set to total depth and cement with an estimated 350 sx of cement to isolate all water, oil and gas zones.

Type of cement and additives will be determined by hole conditions. The intermediate and production casing strings will be tested to 1000 psi.
5. PRESSURE CONTROL EQUIPMENT: Blowout preventer stack will consist of double-ram blowout preventer rated to 3000#WP. A sketch of the BOP is attached.
6. CIRCULATING MEDIUM: Hole for 13 3/8" conductor pipe will be drilled with a rat hole auger. Mud will be used as the circulating medium. Mud additives will be used as hole conditions dictate.

7. AUXILIARY EQUIPMENT: Full-opening kelly cock, to fit the drill string in use, will be kept on the rig floor at all times.
8. TESTING, LOGGING AND CORING PROGRAM:
 - Samples: Surface casing shoe to TD
 - DST's: None anticipated
 - Logging: Gamma Ray-Neutron log and other logs as recommended by well-site geologist.
 - Coring: None anticipated
9. ABNORMAL PRESSURES, TEMPERATURES OR HYDROGEN SULFIDE:

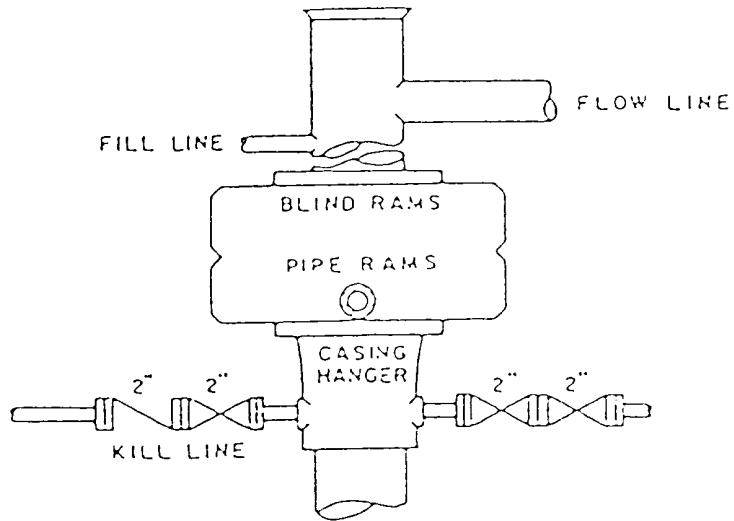
None anticipated. Maximum bottom-hole pressure should not exceed 1200 psi. Bottom-hole temperature will be about 110°F.
10. ANTICIPATED STARTING DATE: Drilling will commence about May 1, 1982. Drilling should be completed within 10 days. Completion operations (perforations and stimulation) will follow drilling operations.

TRANSWESTERN GAS SUPPLY COMPANY
No.1 Fourmile Draw Federal
1980'/N 990'/E Sec.15-6S-22E
Chaves County, N.M.
NM 36193

**EXHIBIT A
ROAD MAP**

EXHIBIT A
ROAD MAP

TRANSWESTERN GAS SUPPLY COMPANY
No.1 Fourmile Draw Federal
1980'/N 990'/E Sec.15-6S-22E
Chaves County, N.M.



BOP STACK

3000 PSI WORKING PRESSURE
RAMS TO BE OPERATED DAILY

REHABILITATION PLAN

Lease No.: 4010 NM 36193 ; Well Names and No.: 1 Fourmile Draw Federal
Subdivision: NE¹₄, Section 15, T. 6 S., R. 22 E.
County Chaves, State New Mexico

Transwestern Gas Supply ~~Oil~~ Company intends to drill a well on surface ~~owned~~ ^{leased} by William D. McKnight. The lessee/operator agrees to complete the following rehabilitation work if the well is a producer:

- ☒ Yes ☐ No Maintain access road and provide adequate drainage from road.
☒ Yes ☐ No Reshape and seed any area not needed for maintenance of the production facilities.

Other requirements: _____

The following work will be completed when the well is abandoned/dry hole:

WELL LOCATION

- ☒ Yes ☐ No Pit will be fenced until dry, then filled to conform to surrounding topography.
☒ Yes ☐ No Water bars will be constructed as deemed necessary.
☒ Yes ☐ No Site will require reshaping to conform to surrounding topography.
☒ Yes ☐ No Entire disturbed area will be seeded with the following seed mixture:

to be decided later.

ACCESS ROAD

- ☒ Yes ☐ No Access road will be closed, rehabilitated and seeded using the same seed mixture as above.
☒ Yes ☐ No Water bars will be constructed on the access road as deemed necessary.

Other requirements: _____

SURFACE OWNER

Name: W. D. McKnight
Address: _____
City: Roswell
State: New Mexico
Phone No.: 623-6403
Date: _____

OPERATOR/LESSEE

Name: Transwestern Gas Supply Co.
Address: P. O. Box 2521
City: Houston
State: Texas
Phone No.: (713) 759-3131
Date: _____

I CERTIFY rehabilitation has been discussed with me, the surface owner:

William D. McKnight
(Surface owner's signature)

This plan covers rehabilitation requirements only and does not affect any other agreements between the lessee/operator and surface owner.