

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

FEB 07 89

O. C. D.

ARTESIA, OFFICE

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

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Gessert Com

8. Well No.

1

9. Pool name or Wildcat

Pecos Slope Abo

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL WELL ☐

GAS WELL ☒

OTHER ☐

SINGLE ZONE ☒

MULTIPLE ZONE ☐

2. Name of Operator

Stevens Operating Corporation

3. Address of Operator

P. O. Box 2408, Roswell, NM 88201

4. Well Location

Unit Letter H : 1650 Feet From The North Line and 660 Feet From The East Line

Section 32 Township 6S Range 26E NMPM Chaves County

10. Proposed Depth

4320'

11. Formation

Abo

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3597 GR

14. Kind & Status Plug. Bond

Statewide

15. Drilling Contractor

Artesia Fishing Tool

16. Approx. Date Work will start

February 10, 1989

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24#	850' **	Circulate	
7 7/8	4 1/2	10.5#	4320'	600' above Abo	

Well will be drilled to a total depth of 4320' and all potential zones evaluated. If commercial production is indicated, well will be selectively perforated and stimulated.

**Well will be drilled to approximately 1450'. If there is no loss circulation, well will be cased w/8 5/8 to 850'. If loss circulation occurs, well will be cased with 8 5/8 to approx. 1450'.

Attached are:

1. Well location & Dedication Plat
2. Sketch of BOP

POST ID-1
N/A API
2-10-89

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 7/9/89
UNITED DRILLING UNDERWAY

Gas is not 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. 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.

SIGNATURE Patricia Thompson Greenwade TITLE General Manager

DATE 2/6/89

TYPE OR PRINT NAME Patricia Thompson Greenwade

TELEPHONE NO. (505) 622-7273

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY

DATE FEB 09 1989

CONDITIONS OF APPROVAL, IF ANY:

Noting that the casing is in violation
time to the casing
the 8 5/8 casing

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

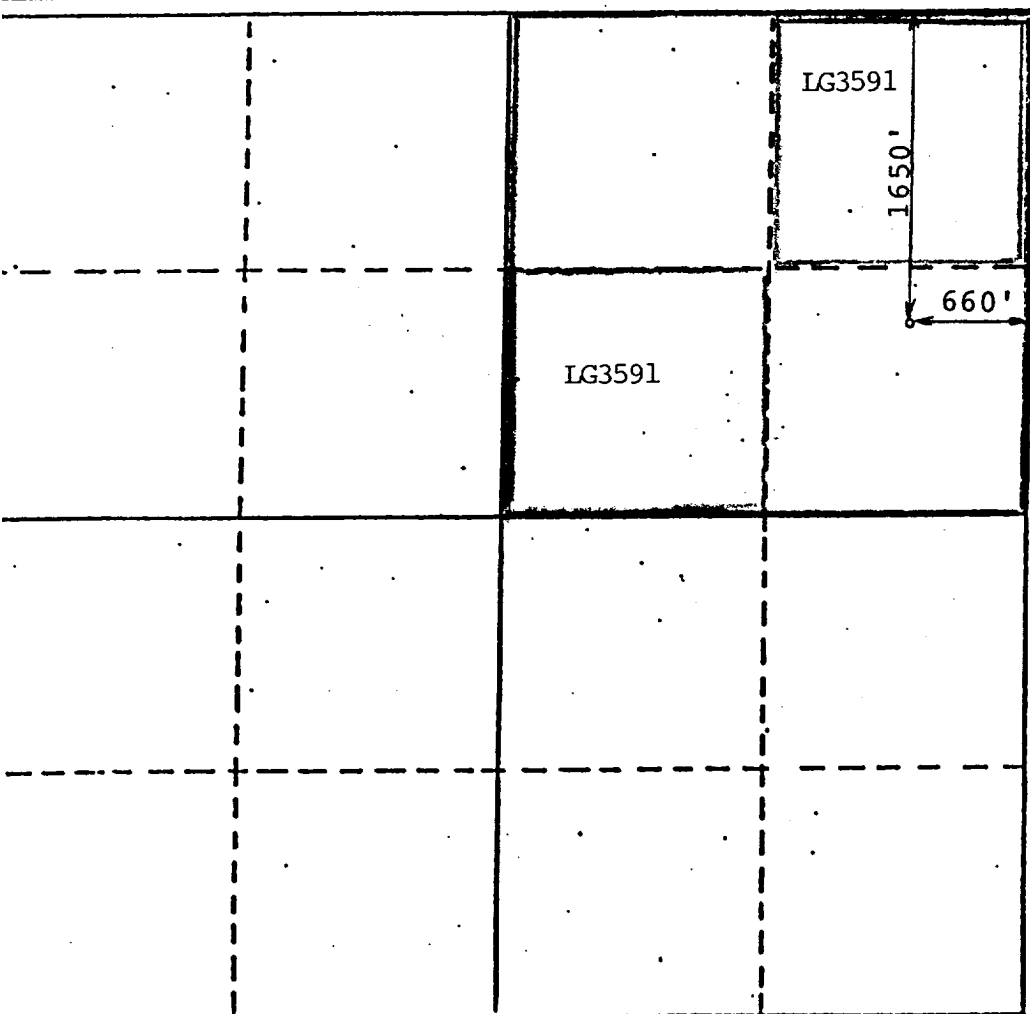
Operator Stevens Operating Corp.			Lease Gessert Com		Well No. 1
Init Letter H	Section 32	Township 6 South	Range 26 East	County Chaves	
Actual Footage Location of Well: 1650 feet from the North line and 660 feet from the East line					
Ground Level Elev. 3597	Producing Formation Abo		Pool Pecos Slope Abo		Dedicated Acreage 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).
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

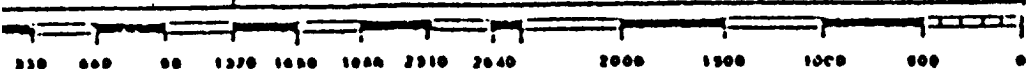
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Patricia Thompson Greenwade

Name
Patricia Thompson Greenwade
Position
General Manager
Company
Stevens Operating Corporation
Date
February 6, 1989

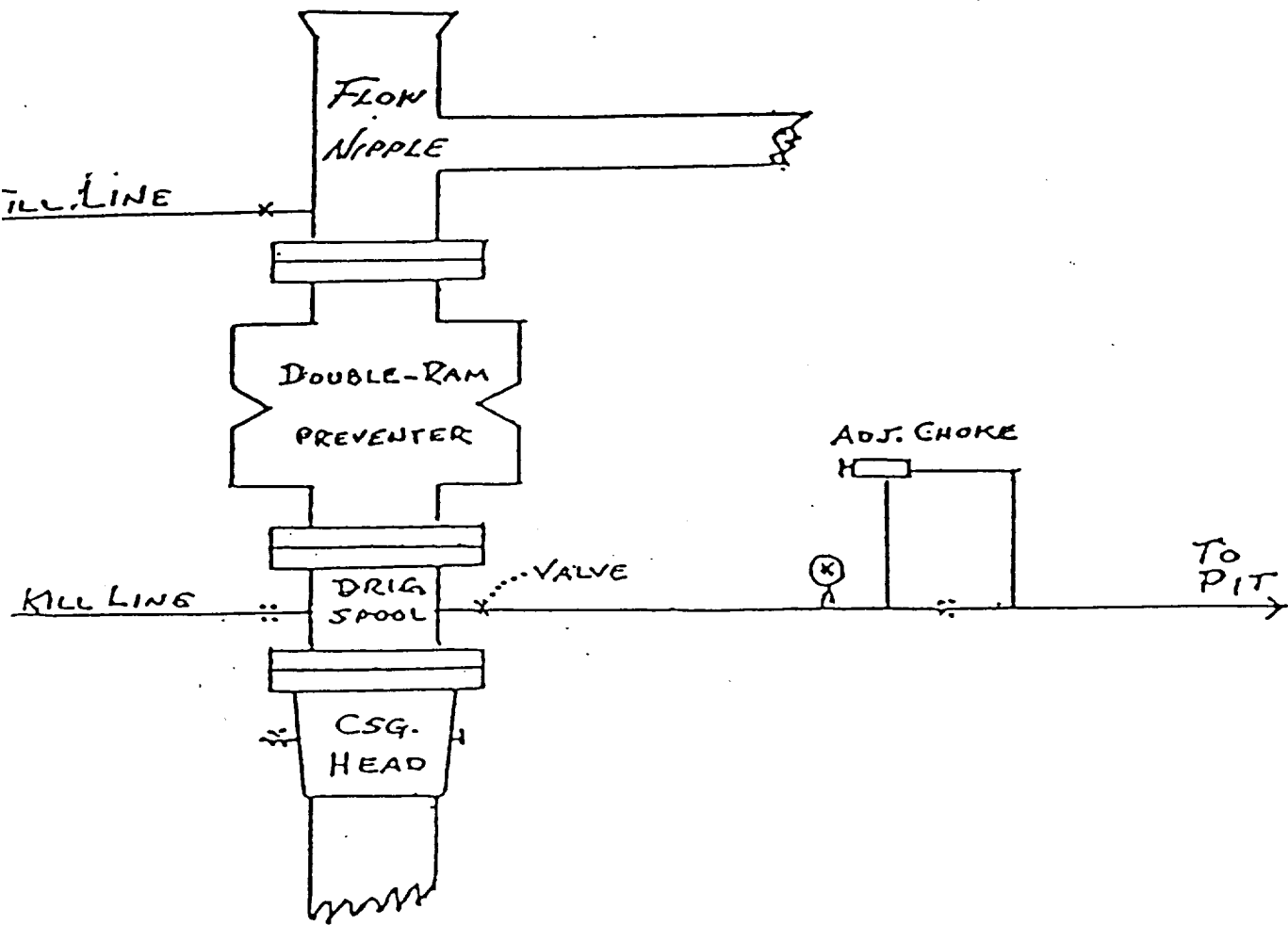
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

February 3, 1989
Date Surveyed
P.R. Patton
Registered Professional Engineer
and/or Land Surveyor
8112
Certificate No. _____



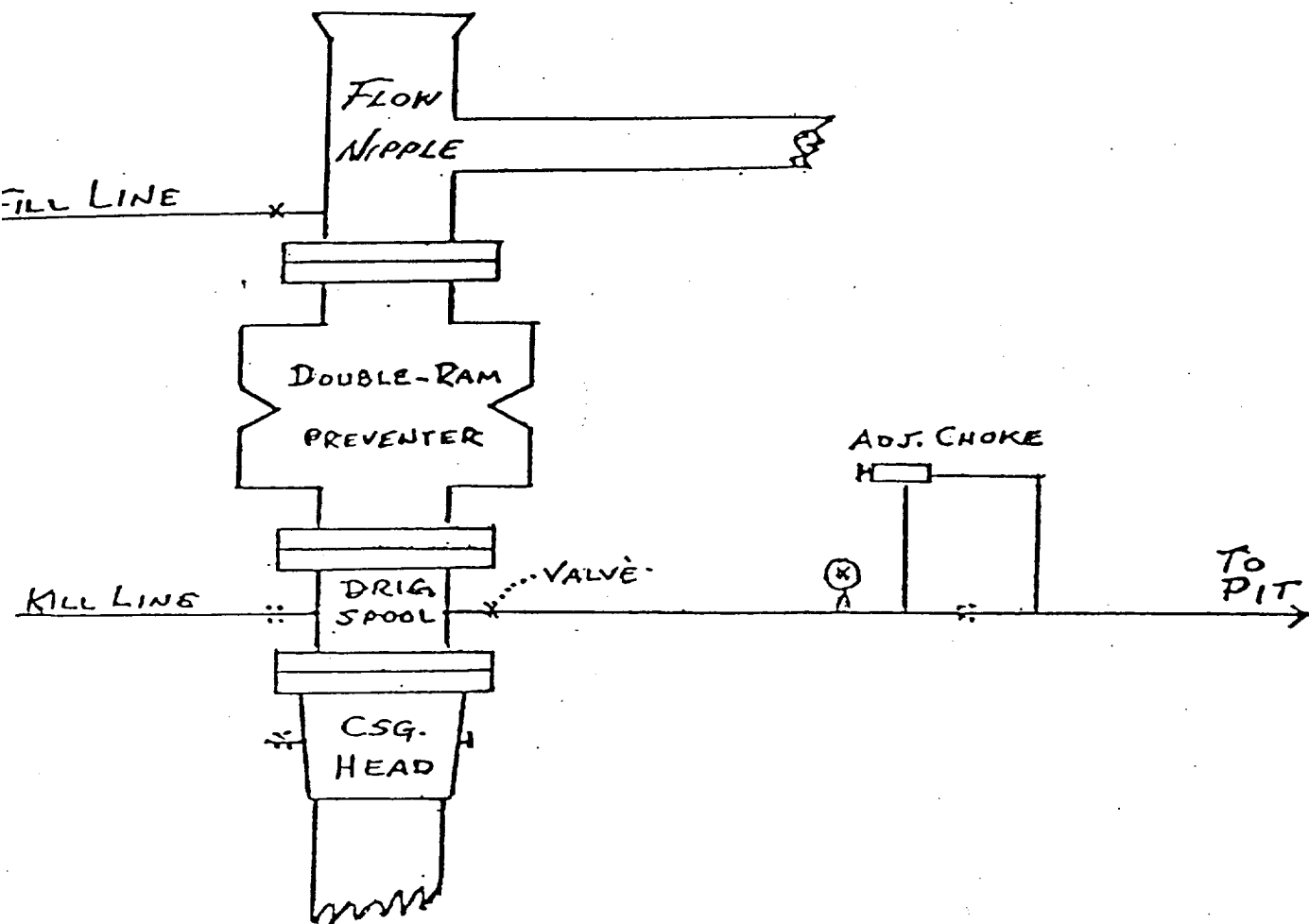
B O P & CHOKE MANIFOLD

SERIES 900



B O P & CHOKE MANIFOLD

SERIES 900



STEVENS OPERATING CORPORATION
Well #7 HELEN COLLINS FEDERAL
660 FNL 1980 FEL, Sec. 4, T-7-S R-26-E
CHAVES COUNTY, NEW MEXICO