

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG -9 '90

API NO. (assigned by OCD on New Wells) 30-005-62794	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. L-794	
7. Lease Name or Unit Agreement Name Hanlad State	
8. Well No. #1	
9. Pool name or Wildcat Diablo	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>					
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>					
2. Name of Operator Stevens Operating Corporation					
3. Address of Operator P. O. Box 2203, Roswell, New Mexico 88201					
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>10S</u> Range <u>27E</u> NMPM <u>Chaves</u> County					
10. Proposed Depth 6800'		11. Formation Fusselman		12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 3889 GR		14. Kind & Status Plug. Bond Statewide		15. Drilling Contractor L & M Drilling	
16. Approx. Date Work will start August 10, 1990					
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"		30'	Redi mix	
14 3/4"	10 3/4"	40.5#	1000'	Circ to Surface	
8 3/4"	7"	23#-26#	6800'	2000 sxs	2 Stage 900'

1. Proposed to drill to a depth of 6800'. All potential zones will be evaluated. If commercial production is indicated, well will be cased, cemented 2 stage back to surface casing with cement plug on bottom and tested.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/9/90
UNLESS DRILLING UNDERWAY

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 Bob Farmer TITLE Production Supt. DATE August 8, 1990
TYPE OR PRINT NAME Bob Farmer 505-622-7273 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 9 1990

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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Santa Fe, New Mexico 87504-2088

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WELL LOCATION AND ACREAGE DEDICATION PLAT

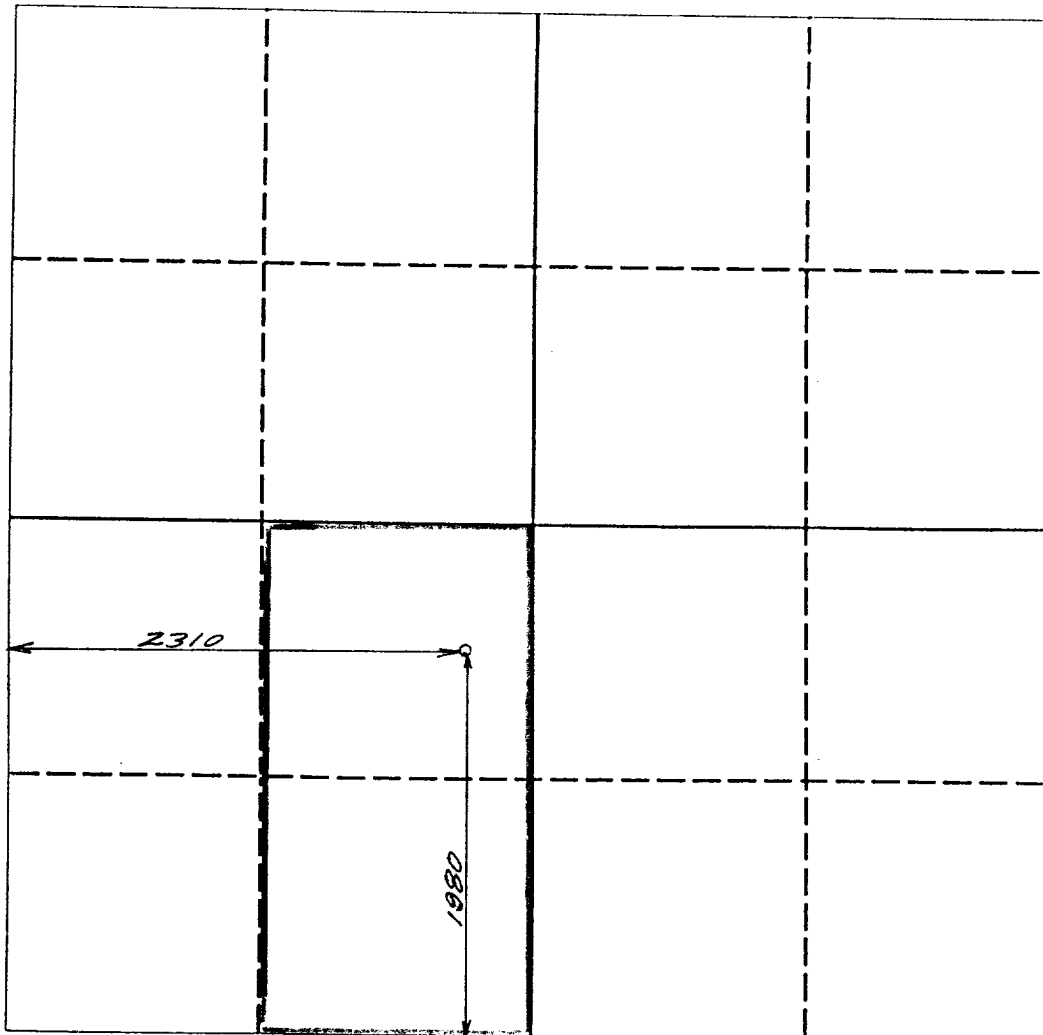
All Distances must be from the outer boundaries of the section

Operator Stevens Operating Company			Lease Hanlad State		Well No. 1
Unit Letter K	Section 16	Township 10 South	Range 27 East	County Chaves	
Actual Footage Location of Well: 1980 feet from the South line and 2310 feet from the West line					
Ground level Elev. 3889' GR	Producing Formation Fusselman		Pool Diablo	Dedicated Acreage: 80 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
Bob Farmer
Printed Name
Bob Farmer
Position
Production Supt.
Company
Stevens Oper. Corp.
Date
August 8, 1990

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
August 8, 1990
Signature & Seal of
Professional Surveyor
P.R. Patton
8/1/90
Certificate No.
8112

B O P & CHOKE MANIFOLD

SERIES 900

