

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

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

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

RECEIVED

AUG 14 1991

O. C. D.

ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)

30-115-62870

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH - 445

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

McKay Oil Corporation

7. Lease Name or Unit Agreement Name

Charolette State Unit

3. Address of Operator

P.O. Box 2014, Roswell, New Mexico 88202

8. Well No.

# 1

4. Well Location

Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line

Section

23

Township

5S

Range

20E

NMPM

Chaves

County

10. Proposed Depth

3400'

11. Formation

Abo

12. Rotary or C.T.

Rotary

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

4302' GL

14. Kind & Status Plug. Bood

Blanket

15. Drilling Contractor

Exploration Drilling

16. Approx. Date Work will start

10-91

17.

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 #	1000'±	600 sxs	circ.
7 7/8"	4 1/2"	10.5#	TD	325 sxs	600' above
					top of pay

1. Drill 12 1/4" hole to approximately 1000' and run 8 5/8" casing and cement to surface.

2. Wait on cement for 18 hours.

3. Nipple up on 8 5/8" casing using a double ram type blow out preventer with 6" blewy line rated at 3000#.

4. Drill 7 7/8" hole to approximately 3400' to adequately test the Abo formation.

5. Run 4 1/2" casing if warranted and cement to isolate all oil, gas, and water zones.

6. Perforate and stimulate as warranted.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 2/21/92

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

TITLE V.P. Land and Legal

DATE 8-13-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

AUG 21 1991

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

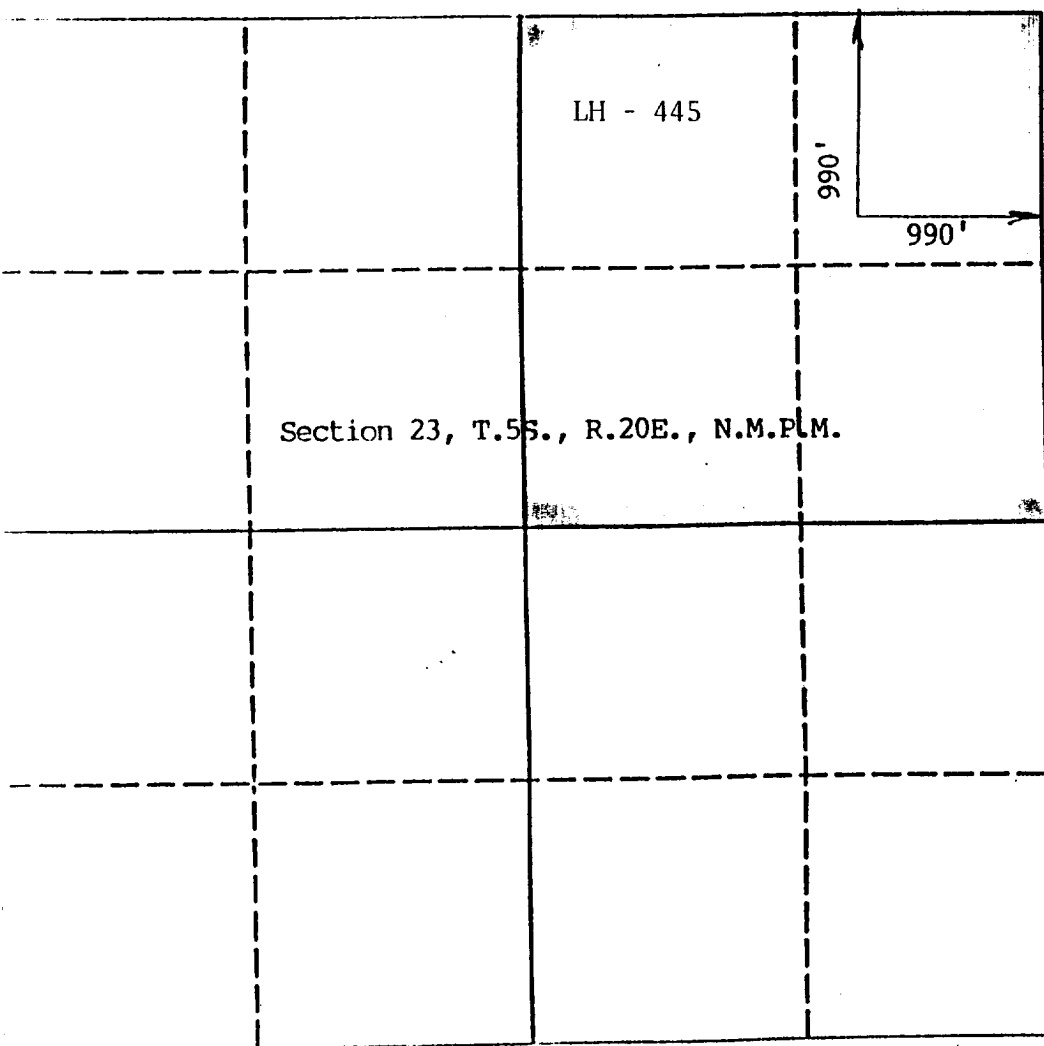
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

McKay Oil Corporation			Lease Charolette State		Well No.
Section 23	Township 5S.	Range 20E.	County NMPM		Unit #1 Chaves
Well Location of Well:					
990 feet from the North line and		990 feet from the East line			
Level Elev. 1302	Producing Formation Abo	Pool W. Pecos Slope	Dedicated Acreage: 160 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communization, 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 communization, 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

Dale Kelton

Printed Name

Engineer

Position

McKay Oil Corp.

Company

8-13-91

Date

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.

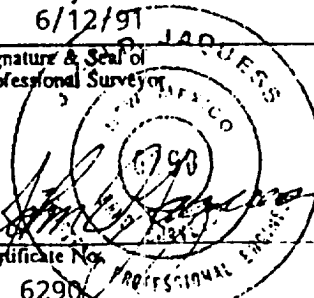
Date Surveyed

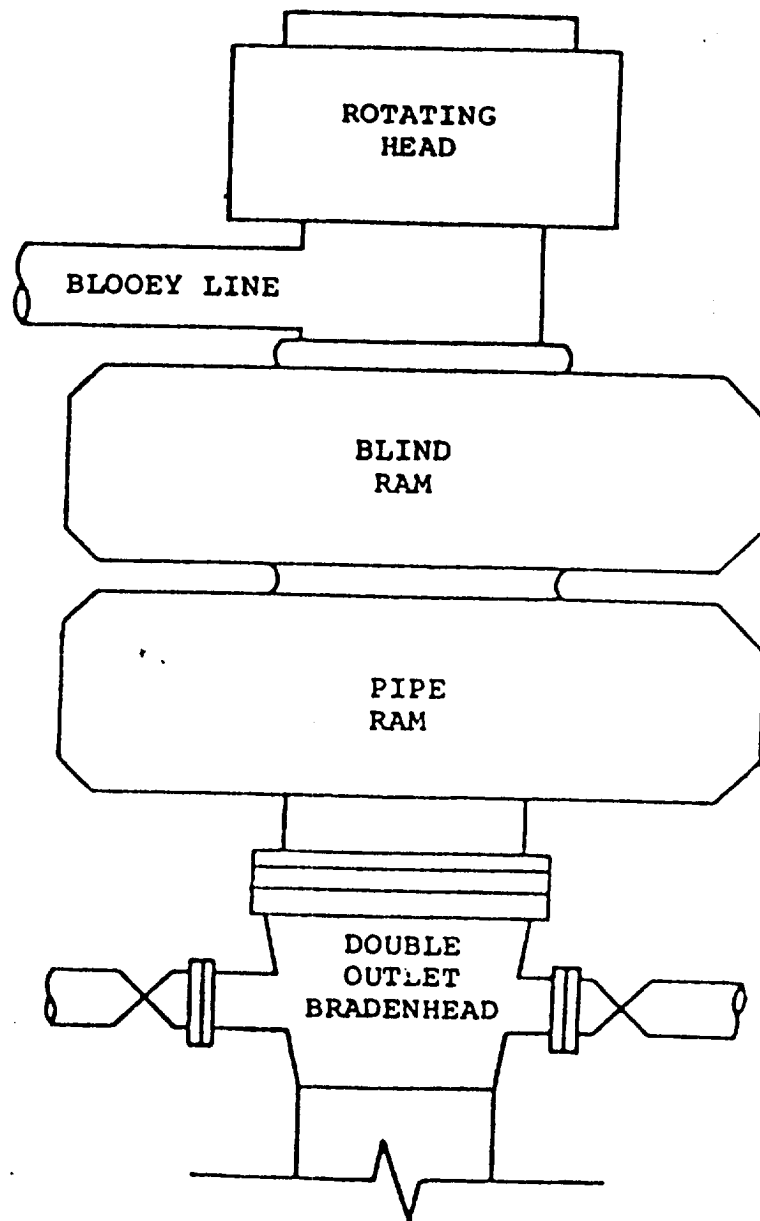
6/12/91

Signature & Seal of  
Professional Surveyor

Certificate No.

6290





BOP STACK

3000 PSI WORKING PRESSURE