

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

117
8/17/93
5/10/93

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

SEP 10 1993

API NO. (assigned by OCD on New Wells)

31-005-62989

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2717

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 ☐

7. Lease Name or Unit Agreement Name

Galway State

2. Name of Operator

ELK OIL COMPANY

8. Well No.

1

3. Address of Operator

Post Office Box 310, Roswell, New Mexico 88202-0310

9. Pool name or Wildcat

Wildcat San Andres

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 25 Township 8 South Range 27 East NMPM Chaves County

10. Proposed Depth

2300'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

3944' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

United Drilling

16. Approx. Date Work will start

October 25, 1993

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 3/4"	8 5/8"	24#	450'	325 sxs	Circulate
7 7/8"	5 1/2"	17#	2300'	150 sxs	1500'

BLOWOUT PREVENTION PROGRAM

SEE ATTACHED

Post ID-1
9-17-93
New Loc & API

This acreage is not dedicated to Gas Market.

180 DAYS
3/13/94

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 President

DATE September 9, 1993

TYPE OR PRINT NAME

Joseph J. Kelly

TELEPHONE NO. (505)623-3190

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

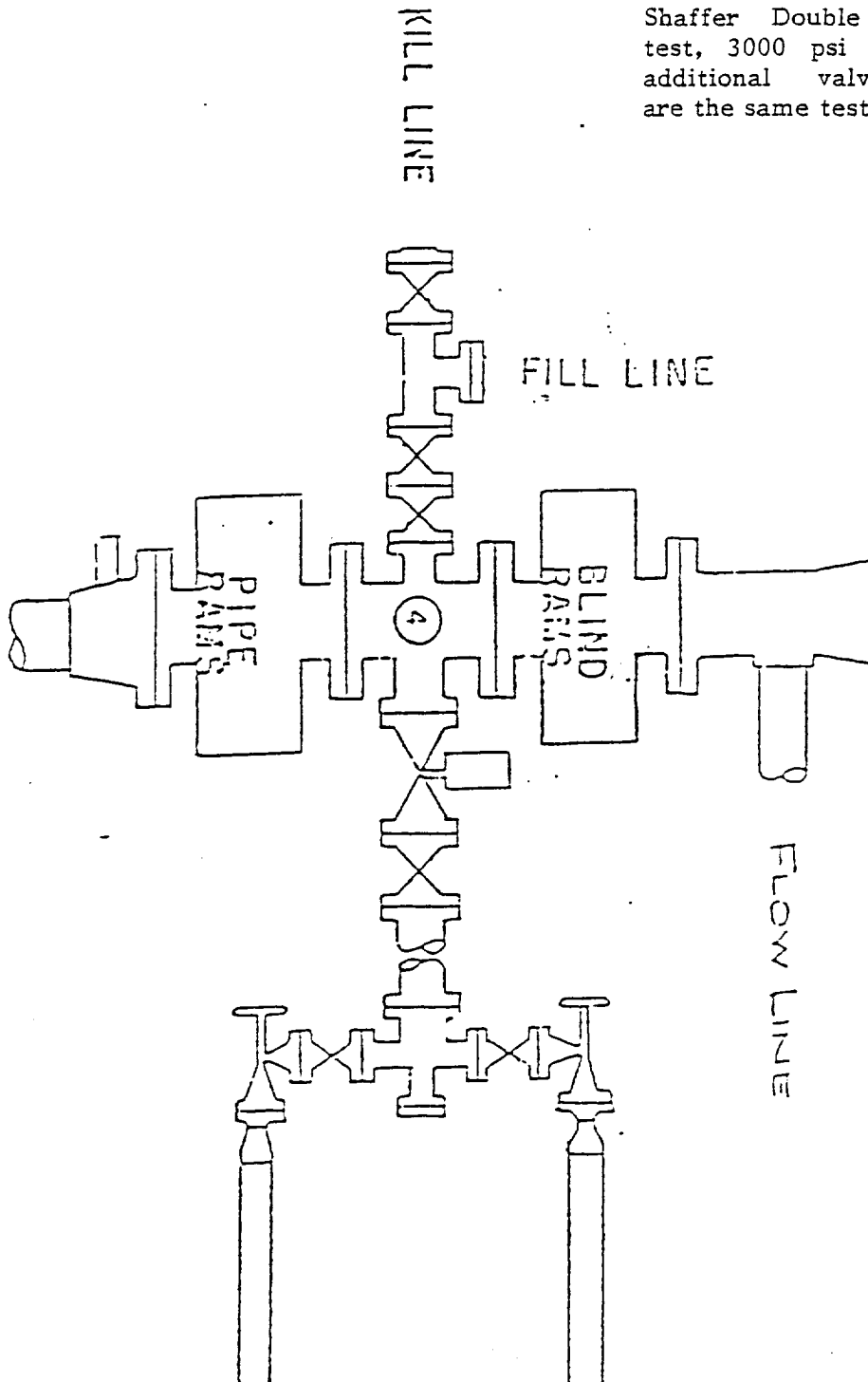
DATE

SEP 13 1993

CONDITIONS OF APPROVAL, IF ANY:

BLOWOUT PREVENTER SPECIFICATION

BOP's are 10" Series 900 Type "E" Shaffer Double Hydraulic 6000 PSI test, 3000 psi working pressure. All additional valves and connections are the same test and working pressures.



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Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

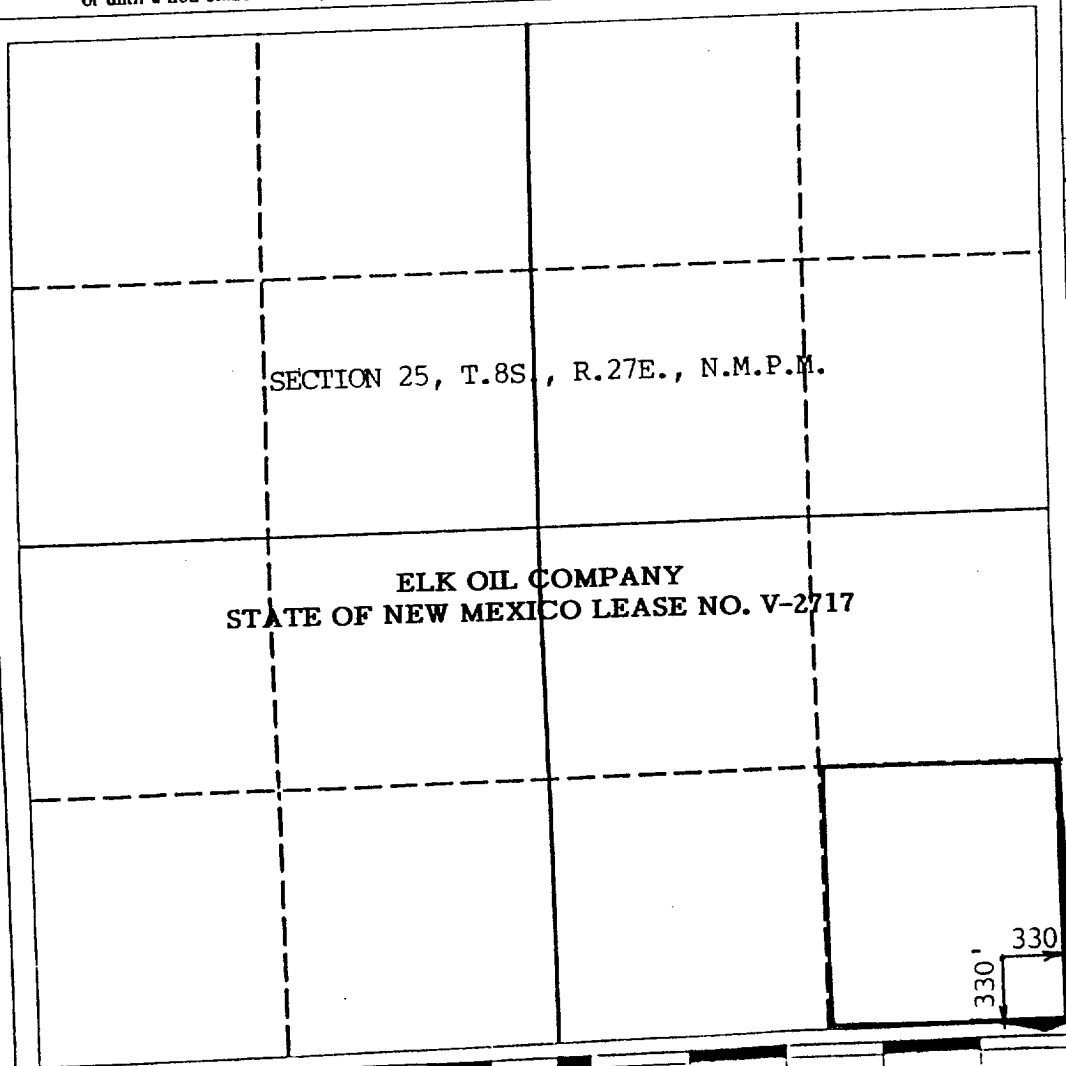
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

Operator ELK OIL			Lease GALWAY STATE		Well No. #1
Unit Letter P	Section 25	Township 8S.	Range 27E.	County CHAVES	
Actual Footage Location of Well: 330 feet from the SOUTH line and 330 feet from the EAST line			Dedicated Acreage: 40 Acres		
Ground level Elev. 3944	Producing Formation San Andres		Pool Wildcat San Andres		

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 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 in true and complete to the best of my knowledge and belief.

Signature
Printed Name **Joseph J. Kelly**
Position **President**
Company **ELK OIL COMPANY**
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 **6/28/93**
Signature & Seal of Professional Surveyor

Certificate No. **6290**