

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

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)

30-005-62997

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VA 0831-1

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

Charlie State

2. Name of Operator

HANGAN PETROLEUM CORPORATION ✓

8. Well No.

#2

3. Address of Operator

P.O. Box 1737 - Roswell, NM 88202

9. Pool name or Wildcat

Wildcat, SAN ANDRES

4. Well Location

A

: 610'

Feet From The North

Line and

610'

Feet From The East

Line

Section 7

Township 13 South Range 28 East

NMPM

Chaves

County

10. Proposed Depth

2,200'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

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

GR 3654

14. Kind & Status Plug. Bond

Statewide Blanket

15. Drilling Contractor

United Drilg.

16. Approx. Date Work will start

Upon approval

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"	23#	275'	175 sx.	Circulated
7 7/8"	4 1/2"	10.50#	2200"	550 sx.	Circulated

1. Spud in 12 1/4" hole to 275' (using air rig).
2. Set 8 5/8" 23# Casing @ 275', circulate cement with 175 sx;
WOC 12 hours.
3. Drill 7 7/8" to approx. 2200'.
4. Set 4 1/2" 10.50#/ft production casing as needed or plug and abandon
as per OOD instructions.

ID-1
10-28-93
NL+API

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

Michael G. Hanagan

TITLE Vice Pres.

DATE 10/25/93

TYPE OR PRINT NAME

Michael G. Hanagan

TELEPHONE NO. 623-5057

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

OCT 29 1993

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-27-94
UNLESS DRILLING UNDERWAY

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

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

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WELL LOCATION AND ACREAGE DEDICATION PLAT

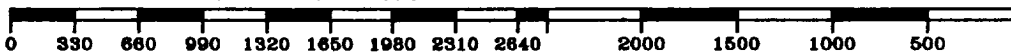
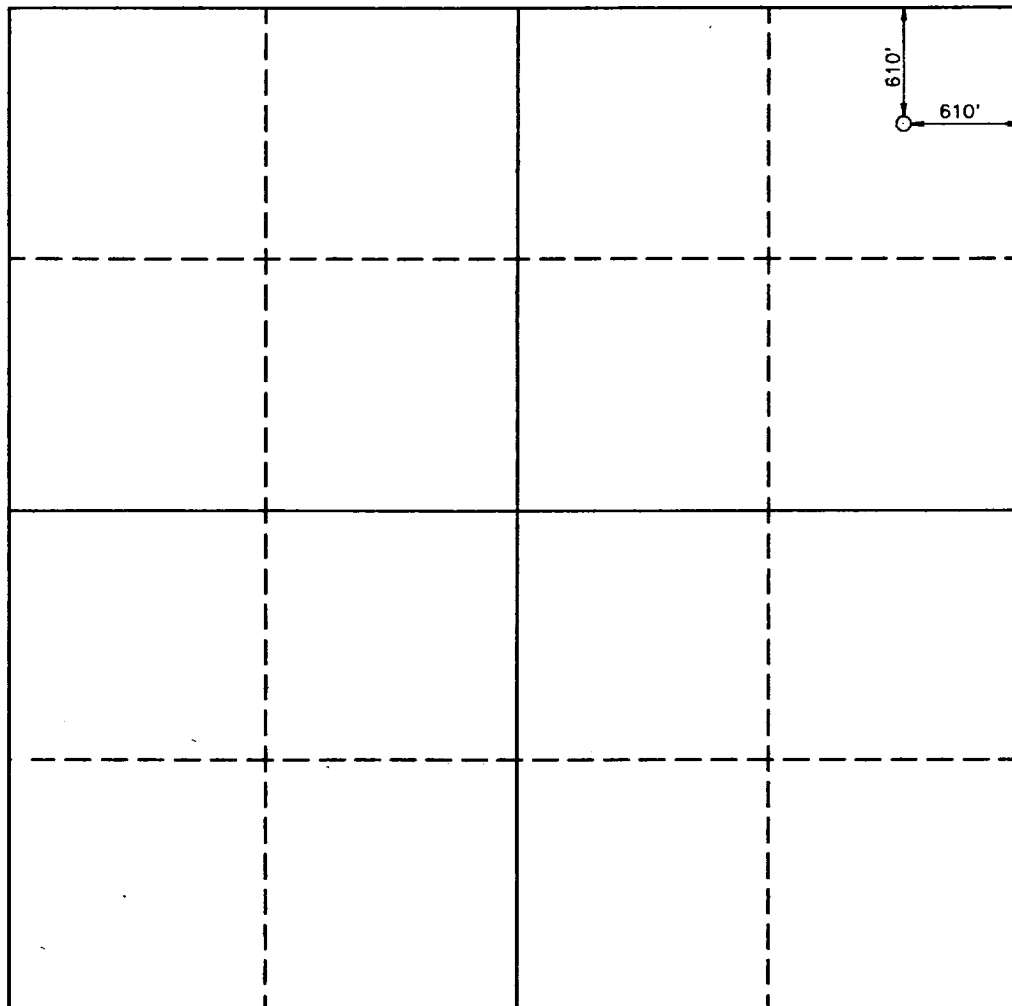
All Distances must be from the outer boundaries of the section

Operator HANAGAN PETROLEUM CORP.			Lease CHARLIE STATE		Well No. 2
Unit Letter A	Section 7	Township 13 SOUTH	Range 28 EAST	NMPM	County CHAVES
Actual Footage Location of Well: 610 feet from the NORTH line and 610 feet from the EAST line					
Ground Level Elev. 3653.8'	Producing Formation SAN ANDRES	Pool WILDCAT		Dedicated Acreage: 40 Acres	

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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
Printed Name
Position
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
OCTOBER 23, 1993

Signature & Seal of
Professional Surveyor
GARY L. JONES
NEW MEXICO
7975
Certificate No. JOHN W. WARR, 678
DONALD J. WARR, 8299
GARY L. JONES, 7977

93-11-2102