

District I
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720
District II
811 S First St., Artesia, NM 88210
Phone (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S St Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised December 16, 2011

HOBBS OCD

Energy Minerals and Natural Resources

Oil Conservation Division

Permit

MAR 13 2012

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address LAWSON OPERATING, LLC P.O. Box 52667 Midland, TX 79710		OGRID Number 270358 ✓
Property Code 310039		API Number 30-025-28598 ✓
Property Name BRYAN		Well No. 001 ✓

Surface Location

UL - Lot B	Section 13	Township 19S	Range 35E	Lot Idn	Feet from 660	N/S Line N	Feet From 1980	E/W Line E	County LEA ✓
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Pool Information

WC-025-G-07 5193513B; BONE SPRING	97926
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Additional Well Information

Work Type AP	Well Type O	Cable/Rotary R	Lease Type P ✓	Ground Level Elevation 3733
Multiple NO	Proposed Depth 10600	Formation BONE SPRING	Contractor BRAVO SERVICES	Spud Date 4-1-12
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SURF	17.5	13.375	54.5	400	450	0
INT	11	8.625	32	4133	1900	9151-TS
PROD	7.875	5.5	15.5417	11250	1600	2725-TS

Casing/Cement Program: Additional Comments

PLAN TO RE-ENTER AND TEST 10,294'-10,330'

Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
DOUBLE RAM	3000	3000	TOWNSEND

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

I further certify that the drilling pit will be constructed according to NMOCD guidelines ☐, a general permit ☒, or an (attached) alternative OCD-approved plan ☐.

Signature:

Printed name:

Title:

E-mail Address:

Date:

Phone:

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

MAR 15 2012

Conditions of Approval Attached

Permit Expires 2 Years From Approval Date Unless Drilling Underway

MAR 15 2012

Plugback

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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-28598	² Pool Code 97926	³ Pool Name WC-025 E-07 5193513B; MOHE SPRING
⁴ Property Code 310039	⁵ Property Name BRYAN	⁶ Well Number 1
⁷ GRID No 270358	⁸ Operator Name LAWSON OPERATING LLC	⁹ Elevation 3733

¹⁰ Surface Location

UI or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	13	19S	35E		660	N	1980	E	LEA

¹¹ Bottom Hole Location If Different From Surface

UI or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 80	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division

16					<p>¹⁷ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge, and belief, and that this organization either owns a working mineral or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>[Signature]</i> 3-13-12 Signature Date Philip Lawson Printed Name PLAWSON@AOL.COM E-mail Address</p>
					<p>¹⁸ SURVEYOR CERTIFICATION</p> <p>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 belief.</p> <p>Date of Survey Signature and Seal of Professional Surveyor Certificate Number</p>