| Submit I Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources Id25 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources District II Id20 South St. Francis Dr. 1301 W. Grand Ave., Artesia, NATE CENDER CONSERVATION DIVISION Id20 South St. Francis Dr. District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 INT CONSERVATION BLSOCD Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NMOBESOCD Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well S Gas Well Other Other 2. Name of Operator Robert E. Landreth Allerent formation | Form C-103 October 13, 2009 WELL API NO. 30-025-39720 5. Indicate Type of Lease STATE STATE FEE 6. State Oil & Gas Lease No. VO-7381-0000 7. Lease Name or Unit Agreement Name Rainbow "16" State 8. Well Number 2 9. OGRID Number 25827 |
|---|--|
| 3. Address of Operator 110 W. Louisiana, Suite 404, Midland, Texas 79701 | 10. Pool name or Wildcat Delaware Wildcat |
| 4. Well Location Unit Letter D : 660 feet from the North line and 660 feet from the West line Section 16 Township 25S Range 35E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3255' GR 11. Elevation 11. 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| | SEQUENT REPORT OF: K |
| OTHER: OTHER: Continued Drilling Operations Image: Continued Drilling Operations 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | |
| Butch's Rathole and Anchor Service of Artesia, New Mexico drilled 2' of new hole on June 16, 2010. New T.D. 25'. Accepted for Record Only | |
| Spud Date: April 1, 2010 Rig Release Date: | |
| I hereby certify that the information above is true and complete to the best of my knowledg | e and belief. |
| SIGNATURE PODENT OWNER/OPERator | DATE UITIO |
| Type or print name Robert E. Landreth E-mail address: bob@relandr For State Use Only | |
| APPROVED BY: TITLE | M JUN 2 1 2010 DATE |
| Conditions of Approval (if any) Accepted for Record Only | R.M. |