

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)  
30-025-31497

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

Cooper 24-\*

2. Name of Operator

Spence Energy Co.

8. Well No.

24-1

3. Address of Operator

4849 Greenville Ave. Ste#381 Dallas, Texas 75206

9. Pool name or Wildcat

South Flying M- Abo

4. Well Location

Unit Letter D : 500 Feet From The West Line and 330 Feet From The North Line

Section 24 Township 9S Range 32E NMPM Lea County

10. Proposed Depth

9000'

11. Formation

Abo

12. Rotary or C.T.

Rotary

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

4336.4

14. Kind & Status Plug. Bond

50,000

15. Drilling Contractor

Norton Drilling

16. Approx. Date Work will start

January 1

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17.5"	13-3/8	48# H-40	400' +	425 sx	Circulate
11"	8-5/8	24# H-40	2000' +	800 sx	Circulate
7-7/8"	5-1/2"	17#	9000' ±	250 sx	6800'

Propose to drill to 9000' ± to test Abo and intermediate formations.

Series 900 Double-ram 5000#WP BOP will be installed after 8-5/8" Casing has been cemented  
5-1/2" Casing will be perforated opposite favorable zones. Completion will include running  
2-7/8 tubing, Stimulating and testing to tanks.

An agreement has been consummated with the fee surface owner to provide damages for surface disturbance.

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

Clay Spence

TITLE

Production Analyst

DATE 12-23-91

TYPE OR PRINT NAME

CLAY Spence

TELEPHONE NO. 214-239-0627

(This space for State Use)

APPROVED BY

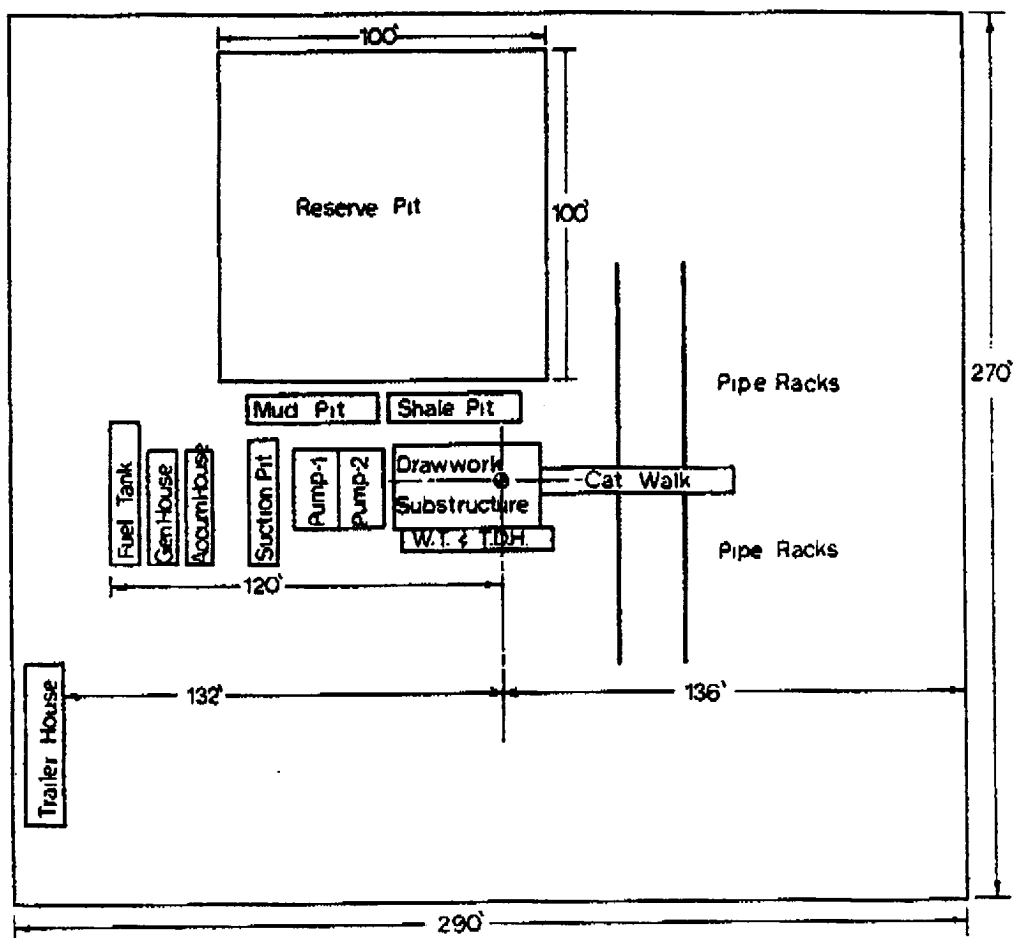
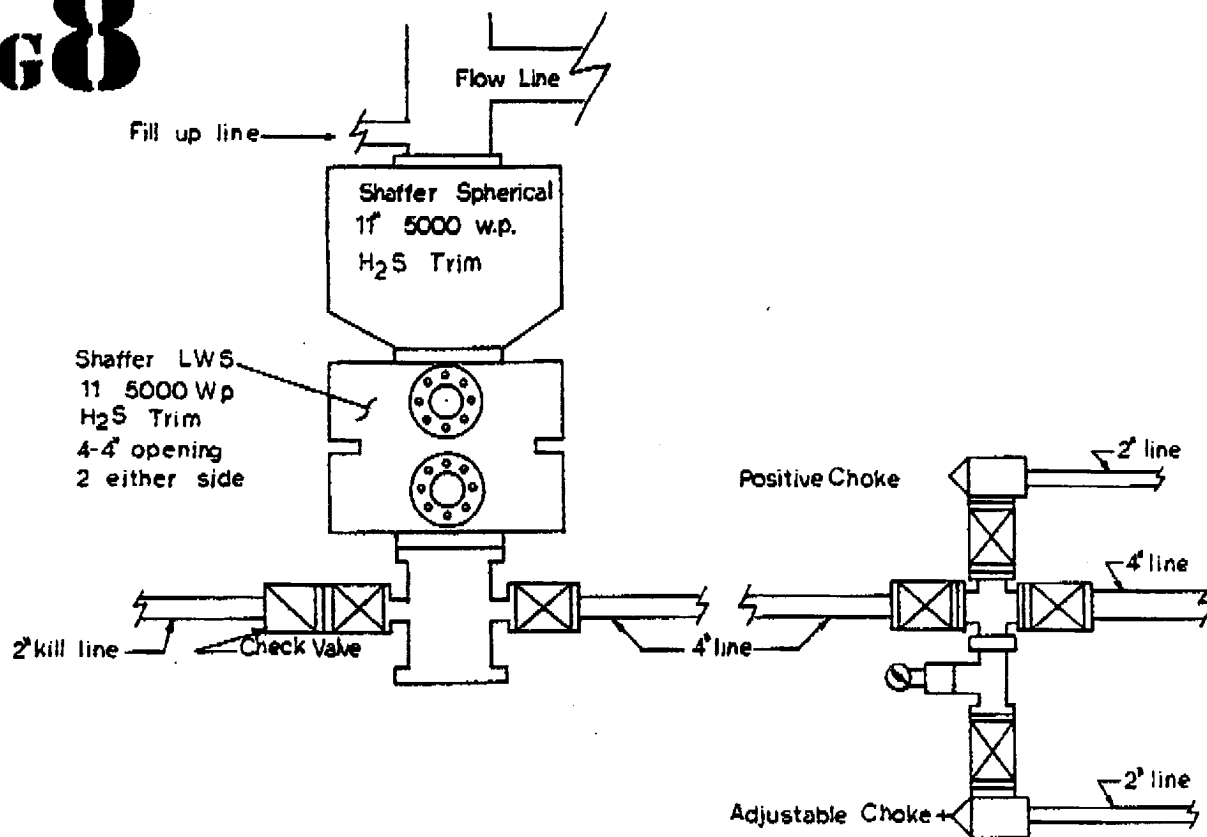
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

# RIG 8



Submit to Appropriate  
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Fee Lease - 3 copies

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator SPENCE ENERGY COMPANY		Lease COOPER 24		Well No. 1
Unit Letter D	Section 24	Township 9 SOUTH	Range 32 EAST NMPM	County LEA
Actual Footage Location of Well: 500 feet from the WEST line and 330 feet from the NORTH line				
Ground Level Elev. 4336.4	Producing Formation Abo	Pool South Flying M. Abo		Dedicated Acreage: 40 Acres
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>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).</p> <p>3. 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.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.) _____</p> <p>No allowable will be assigned to the well unit all interests have been consolidated (by communization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>				
			<b>OPERATOR CERTIFICATION</b>  I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.  Signature <i>Clay Spence</i> Printed Name Clay Spence Position Production Forman Company Spence Energy Date 12-23-91	
			<b>SURVEYOR CERTIFICATION</b>  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 12-17-91	
			Signature & Seal of Professional Surveyor  	
			W. Q. JONES, 7877	

RECEIVED DEC 23 1991