

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)

30-005-00519

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

Z3756

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

State LLA

2. Name of Operator

Matador Operating Company

8. Well No.

1

3. Address of Operator

415 W. Wall, Ste 1101, Midland, TX 79701

9. Pool name or Wildcat

Little Lucky Lake Devonian

4. Well Location

Unit Letter

C

660  
659

Feet From The North

Line and

1980  
1979

Feet From The West

Line

Section

32

Township

15S

Range

30E

NMPM Chaves

County

10. Proposed Depth

11,400

11. Formation

Devonian

12. Rotary or C.T.

Rotary

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

3937 GL

14. Kind & Status Plug. Bood

Blanket, Current

15. Drilling Contractor

Ziadril

16. Approx. Date Work will start

7-1-94

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-1/8"	54.5#	489'		
11"	8-5/8"	32#	3000'		
7-7/8"	5-1/2"		11400		

Re-enter wellbore and kick off on existing plug @ approximately 7800'. Drill directional hole in NE direction to bottom hole location @ 440 FNL; 2420 FEL of Sec 32-T15S-R30E.

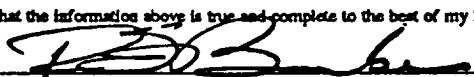
Drilling rig will utilize 5000# double ram BOP w/ 10,000 psi Hydril.

OPER. LOG NO. 14245  
PROPERTY NO. 15059  
POOL CODE 39230  
EFF. DATE 8-1-94  
API NO. 30-005-00519

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 Operations Manager

DATE 5-26-94

TYPE OR PRINT NAME

R. F. Burke

915-687-5955  
TELEPHONE NO.

(This space for State Use)

APPROVED BY:

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 01 1994

RECEIVED

JUN 11 1969

OCG  
OFFICE

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

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

OIL CONSERVATION DIVISION  
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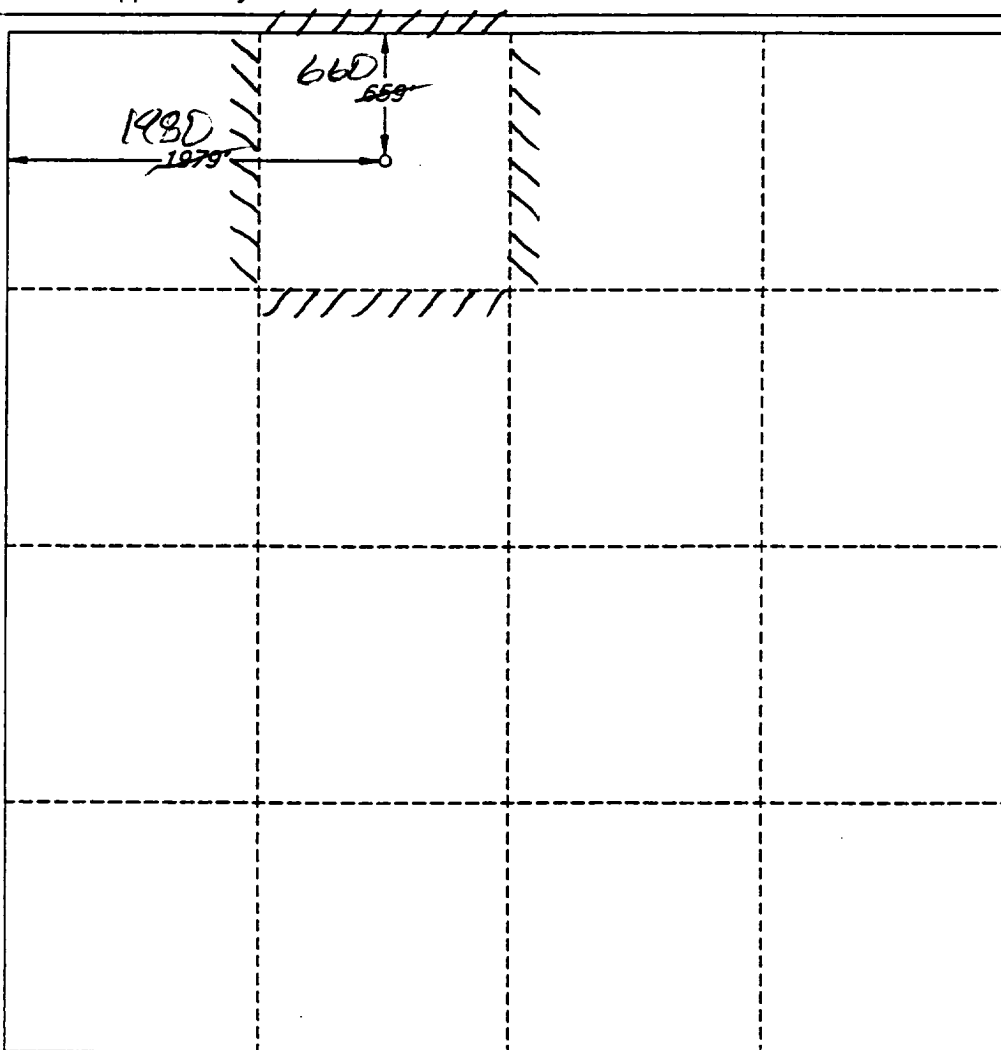
DISTRICT III  
1000 Rio Brazos Rd  
Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the section.

Operator <b>MATADOR OPERATING COMPANY</b>			Lease <b>STATE LLA</b>		Well No. <b>1</b>
Unit Letter <b>C</b>	Section <b>32</b>	Township <b>15 SOUTH</b>	Range <b>30 EAST, N.M.P.M.</b>	County <b>CHAVES</b>	
Actual Footage Location of Well <b>659</b> feet from the <b>NORTH</b> line and <b>1079</b> feet from the <b>WEST</b> line					
Ground Level Elev. <b>3937'</b>	Producing Formation <b>Devonian</b>		Pool <b>Little Lucky Lake</b>		Acres <b>40</b>

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all the owners been consolidated by communitization, unitization, forced-pooling, etc.?  
☐ Yes ☒ No If answer is "yes", type of consolidation \_\_\_\_\_  
If the answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use the 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 herein is true and complete to the best of my knowledge and belief.

Signature

*[Signature]*

Printed Name  
**R. F. Burke**

Position

**Operations Manager**

Company

**Matador Operating Company**

Date

**May 26, 1994**

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

**JANUARY 12, 1994**

Signature and Seal of  
Professional Surveyor

**V. LYNN**

**BEZNER**

**NO. 7920**

Certified Notary

**V. L. BEZNER**

**R.P.S. #7920**

VHR / 31153 / ORNW