|   |                         |  |                                      | - 30          | 005                        | -21033                    |
|---|-------------------------|--|--------------------------------------|---------------|----------------------------|---------------------------|
| STATE OF NEW MEXIC<br>REFIGY AND MINERALS DEPAR |                         | CONSERVAT  | ION DIVISION                         | e e           | Form C-101                 |                           |
| 60. 00 (D+10- ALILIVIO                          |                         | P. O. BOX  | 2018                                 |               | Revised 10                 | -1-78                     |
| DISTRIBUTION                                    | SA SA                   | NTA FE, NEW N  | 1EXICO 87501                         |               | SA. Indicute Type of Louse |                           |
| Fill  |                         |  |                                      |               | BTATE                      |                           |
| U.S.G.S.  |                         |  |                                      |               | L                          | & Gus Laine No.           |
| LAND OFFICE                                     |                         |  |                                      |               | LU                         | 2755                      |
| ADULICATION                                     |                         | DRILL, DEEPEN  |                                      |               | ())))))                    |                           |
| Type of Work                                    | STORTLINGT R            | DALL, DELTEN   | , OK FLOG BACK                       |               | 7. Unit Ave                | comont Name               |
|   |                         | <b>د</b> ا   |                                      |               | in one right               | conont froms :            |
| Type of Well DRILL                              |                         | DEEPEN [_]   | ԲԼ.ՍԵ                                | васк          | 8. Farm or 1               | .easo Name                |
|   | OTHEN                   |  | SINCLE X MUL                         | TIPLE         |                            | "ACJ" State               |
| Marte of Operator                               | ,                       | e i constantante de las des lans forendi constituciones e antes substituciones | LONE (20)                            | TONC 1        | 9, Well No.                |                           |
| Yates Petroleum                                 | n Corporation           |  |                                      | i             |                            | 1                         |
| Address of Operator                             |                         | andra a a tarre a atomotikanan kata asar a u                                   |                                      |               | 10. Field u                | d Pool, or Wildcat        |
| 207 South Fourt                                 | th Street - Art         | esia, NM 88210   | )                                    |               | Wildcat                    |                           |
| Location of hell UNIT LETTE                     | n <u> </u>              | CATED 3301   | TLES FROM THE _South                 | LINE          | IIIII.                     |                           |
| 330 HELEPON                                     |                         |  | TWP. 95 MGC. 31                      | Е кмрм        |                            |                           |
|   |                         | THUI IIII  |                                      | TITTE I       | 12. County                 | TT THE WALL IN THE SECOND |
| AMANNIYA  | HHANK HHA               | HHHHHH   | MMMMM                                | MMM           | Chaves                     |                           |
| NUM AND   | ANN ANT                 | thttift if the   | tti ttitti (                         |               | TITT                       | Sitti (11)                |
| iiththiththe                                    | HHHHHH                  | HHHHHH   |                                      | HHHH          | iiiiiii                    | AHHHHHH                   |
| illilli (111);                                  | illi IIII.              | ann an  | 19, Froposed Depth                   | 9A. Formation | ,<br>,<br>,                | 20. Boliary or C.T.       |
| MUMMM   | <u>IIIIIIIII</u>        |  | 4350'                                | San And       | res                        | Rotary                    |
| Lievations (Shou achetoer Dr. 1                 | $KT_i$ etc.) [21A. Kine | i & Status Plug, Bond  | 218. Drilling Configctor             |               | 22. Approx                 | . Date Work will start    |
| 4395' GR  | B1                      | anket  | Undesignated                         | ·             |                            | ASAP                      |
|   | ,                       | PROPOSED CASING AN   | D CEMENT PROGRAM                     |               |                            | · · ·                     |
| SIZE OF HOLE                                    | SIZE OF CASING          | WEIGHT PER FOO   | T SETTING DEPTH                      | SACKS OF      | CEMEN'I                    | EST. TOP                  |
| 12-1/4"   | 8-5/8"                  | 24# K−55   | Approx. 1700'                        | 700 sa        |                            | Circulate                 |
| 7-7/8"  | 4-1/2"                  | 9.5# K-55  | TD                                   | <u>300 sa</u> | cks                        |                           |
|   |                         |  |                                      |               |                            |                           |
|   | run and cement          |  | formation. If c<br>te cover, perfora |               |                            |                           |
| MUD PROGRAM:                                    | Native mud to 1         | 700'; brine to   | 4000'; salt gel                      | to TD         |                            |                           |
| BOP PROGRAM: H                                  | 30P's will be i         | installed at 17  | 00' and tested da                    | ily.          |                            |                           |
|   |                         |  |                                      |               |                            |                           |
|   |                         |  |                                      |               |                            |                           |
|   |                         |  |                                      |               |                            |                           |
|   |                         | · .  |                                      |               |                            |                           |

Permit Expires 6 Months From Approval Date Unless Drilling Underway:

| NOVE SPACE DESCRIBE PROPOSED I<br>Sone, give begwoot preventer program | PHOGRAMI IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA D<br>4, IF ANY. | H PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PROD |
|--|---|---|
| eby certify that the information above in                              | true and complete to the best of my knowledge and belief.                 |   |
| rd_ Cliftan III  | Tule Regulatory Agent   | Dore April 26, 1985                             |
| ORIGINAL SIGNER WY   | exay sexaun<br>Ivisor   | APR 2 9 1985                                    |
| ROVED BY   | TITLE   | DATE  |
| DITIONS OF APPROVAL, IN ANY  |   |   |

## NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

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**.** •

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Form C-102 Supersedes C+128 Effective 1-1-65

| All distances | must be | from th | e outer  | boundaries | of 1 | he Section |
|---------------|---------|---------|----------|------------|------|------------|
|               |         |         | ie Guter |            |      | ne secuon  |

| operator   | ·····                           |                         | Leuse                                  |                           | I   | Well No.                                   |
|--|---------------------------------|-------------------------|--|---------------------------|---|--|
|  | etroleum Co                     | rporation               |  | s "ACJ <mark>"</mark> Sta | te  | 1  |
| Unit Letter  | Section                         | Township                | Bande                                  | Cou                       |   |  |
| M<br>Actual Footage Lo   | 1                               | 9S                      | 3                                      | 1E                        | Chaves  |  |
| 330  | test from the                   | South line              | and 330'                               | 6                         | West  |  |
| Fround Level Elev  |                                 | Formation               | Po 4                                   | feet from                 |   | line<br>tod Acreage;                       |
| 4395'  | Sa                              | n Andres                | Wi                                     | ldcat                     |   | 40 Acres                                   |
| 1. Outline t   | he acreage ded                  | licated to the subjec   | t well by color                        | ed pencil or ha           | hure marks on the plat                            | below.                                     |
| 2. If more the interest of the second | than one lease<br>and royalty). | is dedicated to the     | well, outline ex                       | ach and identify          | the ownership thereof                             | (both as to working                        |
| dated by   | communitizatio                  | n, unitization, force-p | ooling.etc?                            |                           | the interests of all or                           | wners been consoli-                        |
| []] Үев  | [] No                           | lf answer is "yes," ty  | pe of consolida                        | tion                      | ·   |  |
| If answer  | is "no;" list t                 | he owners and tract     | descriptions wh                        | ich have actual           | ly been consolidated. (                           | Use reverse side of                        |
| this form  | if necessary.)_                 |                         |  |                           |   |  |
| forced-po<br>sion.   | oling, or otherw                | ise) or until a non-sta | il all'interests f<br>ndard unit, elim | inating such in           | olidated (by communiti<br>terests, has been appro | zation, unitization,<br>ved by the Commin- |
| · · · · · · · · · · · · · · · · · · ·  |                                 |                         |  |                           |   |  |
|  | i                               |                         |  |                           | CERT  | IFICATION                                  |
|  | l I                             |                         | 1                                      |                           | I hereby certify t                                | hat the information con-                   |
|  | I                               |                         | 1                                      |                           |   | rue and complete to the                    |
|  | l I                             |                         | I I                                    |                           | best of my knowl                                  | adge and belief.                           |
| s -  | ł                               |                         | 1                                      |                           | Cliff   | - Mais                                     |
|  | 1                               |                         | ł                                      |                           | Name  |  |
|  |                                 |                         |  |                           | Cliftor   | n May                                      |
|  | i                               |                         | 4                                      |                           | Position  | A  |
|  | I                               |                         | 1                                      |                           | Regulatory<br>Compony                             | Agent                                      |
|  | l l                             |                         | 1                                      |                           |   | eum Corporation                            |
|  | l t                             |                         | 1                                      |                           | Date  |  |
|  | 1                               |                         | I                                      |                           | April 26  | 5, 1985                                    |
|  |                                 |                         |  |                           |   |  |
|  | I                               |                         | 1                                      |                           | I hernby certify                                  | that the well location                     |
| 1  | ł                               |                         | 1                                      | ٠                         |   | it was plotted from field                  |
|  | 1                               |                         |  |                           | <b>I</b> 1  | surveys made by me or                      |
| -<br>-   |                                 |                         | Ì                                      |                           |   | sion, and that the same                    |
|  | 1                               |                         | 1                                      |                           | knowledge and be                                  | ect to the best of my<br>lief.             |
|  |                                 |                         | +                                      |                           |   |  |
| LG 2   | 1755                            |                         | 1                                      |                           | Inde Survey                                       | MEX.                                       |
| <u>3℃</u> ,<br>⊙   |                                 |                         | 1<br> <br>                             |                           | Registered Protoso<br>and/or Line Survey          | Daut Luginera                              |
| 3  |                                 |                         |  |                           | _ 2/martic  | 12 dal                                     |
|  |                                 |                         |  | T T                       | Certificate New G/                                | STERIC                                     |
| 0 330 660  | 190 1320 1650                   | 1880 2310 2640          | 2000 1800                              | 1000 800                  | 0   | 640  |

