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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

| | |
|---|------------------------------|
| 5A. Indicate Type of Lease | |
| STATE <input checked="" type="checkbox"/> | FEE <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| K-6606 | |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | | |
|---|-------------------------------|--------------------------------|----------------------------------|
| 1a. Type of Work | | 7. Unit Agreement Name | |
| b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> | | 8. Farm or Lease Name | |
| 2. Name of Operator | | 9. Well No. | |
| Coastal States Gas Producing Company | | 1 | |
| 3. Address of Operator | | 10. Field and Pool, or Wildcat | |
| c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico | | Undes. Baum U. Penn | |
| 4. Location of Well | | 12. County | |
| UNIT LETTER H LOCATED 1874 FEET FROM THE North LINE 554 FEET FROM THE East LINE OF SEC. 1 TWP. 14 S RGE. 32 E NMPM | | Lea | |
| 19. Proposed Depth | | 19A. Formation | 20. Rotary or C.T. |
| 10,000 | | Upper Penn. | Rotary |
| 21. Elevations (Show whether DF, RT, etc.) | 21A. Kind & Status Plug. Bond | 21B. Drilling Contractor | 22. Approx. Date Work will start |
| 4283.5 GR | Blanket | Not let | 5/14/69 |

23. 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 3/8 | 48# | 350 | 350 | Circ |
| 11 | 8 5/8 | 24# & 32# | 4000 | 300 | 3000 |
| 7 7/8 | 5 1/2 | 17# | 10,000 | 200 | 8850 |

13 3/8

8-14-69

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.

Signed Wanda Haller Title Agent Date 5/13/69

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

All distances must be from the corner boundary of the Section.

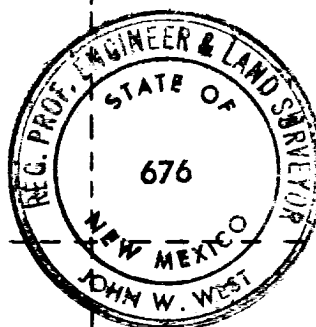
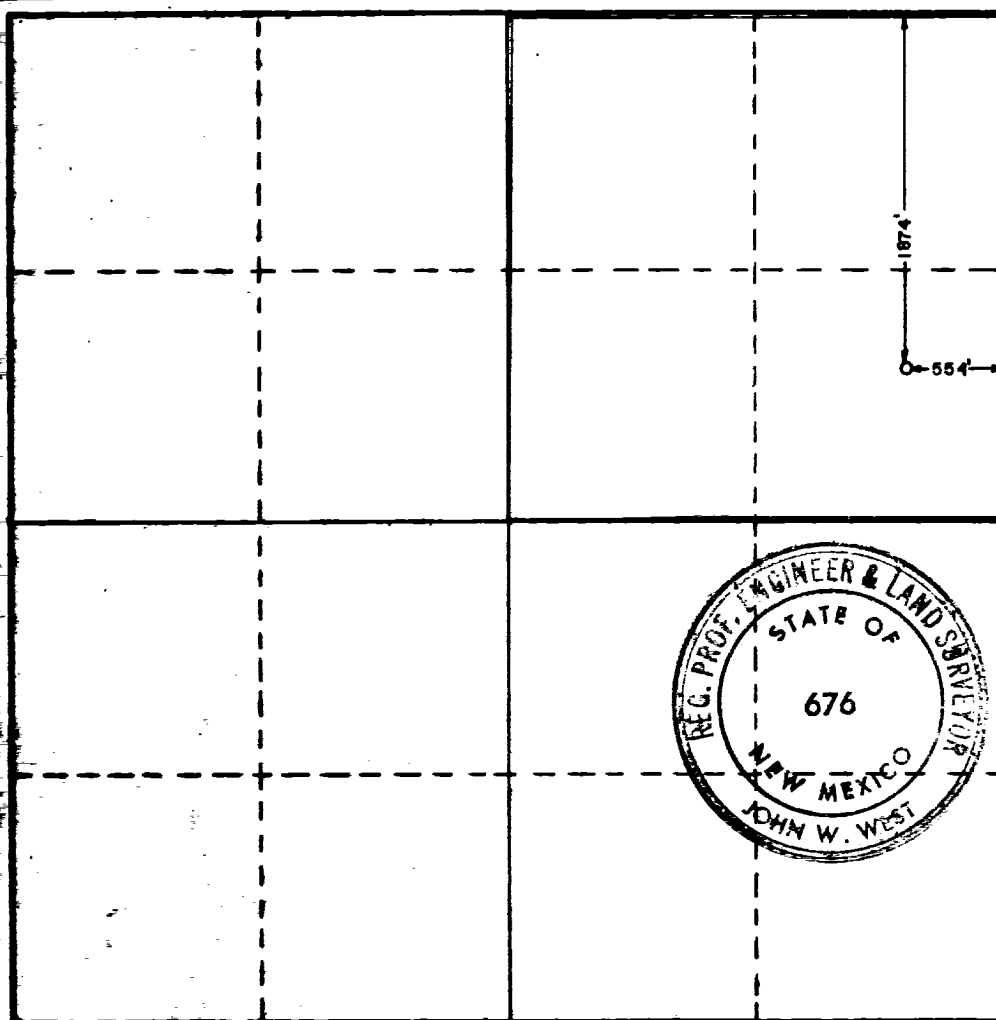
| | | | | | |
|---|--|-----------------------------|-----------------------------------|----------------------|--|
| Operator COASTAL STATES GAS PRODUCING Co. | | | Lease STATE 1 CO | | Well No. 1 |
| Unit Letter H | Section 1 | Township 14 SOUTH | Range 32 EAST | County LEA | |
| Actual Footage Location of Well: 1976' feet from the NORTH line and 554' feet from the EAST line | | | | | |
| Ground Level Elev. 4283.5' | Producing Formation Upper Penn | | Pool Undesignated Basin | | Dedicated Acreage: 160 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
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).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use 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 interests, has been approved by the Commission.



CERTIFICATION

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

Name _____

Position
Agent

Company
Coastal States Gas Prod. Co.

Date
May 13, 1969

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
MAY 12, 1969

Registered Professional Engineer and/or Land Surveyor

John W West
Certificate No. **676**