Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies

DISTRICT III

### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

FEE X

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD of 30-025-28198	on New Wells)	
5. Indicate Type of Lease		

STATE

6. State Oil & Gas Lease No.

1000 Rio Brazos Rd., Azte	c, NM 87410					
APPLICAT	TION FOR PERMIT T					
1a. Type of Work:			7. Lease Name or Unit Ag	reement Name		
DRILL	RE-ENTER	DEEPEN	PLUG BACK	_ , , , , ,		
b. Type of Well:		SINGLE	MULTIPLE	Barnhill		
MEIT X MEIT	OTHER	ZONE	ZONE _			
2. Name of Operator				8. Well No.		
American Exploration Company				1		
3. Address of Operator	<del></del>			9. Pool name or Wildcat	Vina Walicams	
2100 NCNB	3. Address of Operator 2100 NCNB Center, Houston, Texas 77002  9. Pool name or Wildcar King Worldcang South King (Devortion)					
4. Well Location Unit Letter	<u>L</u> : <u>1650</u> Feet Fr	om The South	Line and 99(	Feet From The	West Line	
Section	1 Townsi	nip 14S Ram	ge 37E	<b>имрм</b> Lea	County	
			Wef Camp	12. Rotary or C.T.		
13. Elevations (Show whether DF, RT, GR, etc.) 14. Kind & Status Plug. Bond 15. Drilling Contractor 383/ GR		16. Approx. Date Work will start				
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	13-3/8		405	500		
12-1/4	8-5/8		4668	2200		
7 7/0	5-1/2		12744	2975		

American Exploration Company proposes to recomplete the subject well to the S. King (Wolfcamp) Field in the following manner:

1. POH w/tubular goods.

CONDITIONS OF AFFROVAL, IF ANY:

- GIH w/CIBP & set @ ± 12590. Perforate Wolfcamp @ 9406-9408, 9414-9418, 9425-9427, 9432-9436, 9440-9444 & 9448-9452 thru tubing  $\sqrt[n]{1}$  SPF.
- GIH w/pkr. to ±9350 and stimulate Wolfcamp w/1400 gals. acid. Flow & swab back load 3.
- 4

(This space for State GRIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR APPROVED BY	π <b>ιε</b>				FE	B 0 6 1990
TYPE OR PRINT NAME					TELEPHO	NE NO.
I hereby certify that the information above is true and complete to the best of my knowless signature  Marty B. McClanahan			oduction	Analyst	_ DATE	2/02/90
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS T ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.	O DEEPEN OR	PLUG BACK, GIVE	DATA ON PRESEN	T PRODUCTIVE ZO	ONE AND PRO	POSED NEW PRODUCTIV
POH w/treating equipment and GIH w/pro	oductio	n string	& liftir	ng equipm	ent. '	Test.

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

# DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## WELL LOCATION AND ACREAGE DEDICATION PLAT

	,	All Distances	s must be from the outer bo	undanes of the section	
O <del>perator</del> American I	Exploration	Company	Lease Barnhi	11	Well No.
Unit Letter	Section	Township	Range		County
	1	14S	37E	NMPA	Lea
L Actual Footage Loc		1		1444	
1650	feet from the	South	line and 990	feet from	the West line
Ground level Elev.	Produ	cing Formation	Pool		Dedicated Acreage:
3831	South	King (Wolfcam	o) S <del>outh</del> Ki	ng (Wolfcamp)	40
2. If more unitized answer this form No allow	re than one lease is or than one lease of ation, force-pooling, Yes or is "no" list the own if neccessary	dedicated to the well, outlind different ownership is dedicted.?  No If answer mers and tract descriptions well until all interested to the well until all interested.	e each and identify the owner each to the well, have the inte is "yes" type of consolidation which have actually been cons ests have been consolidated (b as been approved by the Divis	ship thereof (both as to work trest of all owners been cons- colidated. (Use reverse side of	olidated by communitization,
UI SMALL 6					OPERATOR CERTIFICATION  I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief.  Signature
					Marty B. McClanahan  Printed Name Sr. Production Analyst  Position American Exploration Co.  Company
777					2/02/90 Date  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 supervison, and that the same is true and correct to the best of my knowledge and belief.  Date Surveyed
					Signature & Seal of Professional Surveyor
					Certificate No.
0 330 660	990 1320 16	50 1980 2310 2640	2000 1500	1000 500 0	