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		
DISTRICT I P.O. Box 1980, Hobbs, NN	1 88240	CONSERVATIO P.O. Box 208	38	API NO. (assigned by 30-0	OCD on New Wells) 41-20844		
DISTRICT II P.O. Drawer DD, Artesia, I		Santa Fe, New Mexico	8/304-2088	5. Indicate Type of I			
DISTRICT III 1000 Rio Brazos Rd., Azte	c, NM 87410			6. State Oil & Gas L	ease No.		
	TION FOR PERMIT	TO DRILL, DEEPEN, C	OR PLUG BACK	\//////////////////////////////////////			
1a. Type of Work:			an de companya per a de la companya	7. Lease Name or Ur	it Agreement Name		
DRILL b. Type of Well: Of OAS WELL WELL	L 🔀 RE-ENTE	R DEEPEN SINGLE	PLUG BACK	McAlister			
2. Name of Operator				8. Well No.			
Tamarac	<pre> Petroleum Co, </pre>	Inc.		1			
3. Address of Operator				9. Pool name or Wild	cat		
500 W. 1	exas, Suite 14	58, Midland, TX 7	9701	Wildcat			
4. Well Location Unit Letterk	<: <u>1980</u> Feet	From The <u>south</u>	Line and 1980	Feet From The	west Line		
Section 28	Town	nahip 6-S Raz	nge 33-E	NMPM Roose	evelt County		
		10. Proposed Depth		Connetion	12. Rotary or C.T.		
		8700			Rotary		
13. Elevations (Show whether	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. App	ox. Date Work will start		
4414.5 GR		Blanket	Sitton Dril				
17.	P	ROPOSED CASING AN					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEME	NT EST. TOP		
12 1/4	8 5/8	24 & 32	2100	1200	Surface		
7 7/8	4 1/2	10.5 & 11	8700	1000	2100		
				1			

- 1. Drill 12 1/4" hole to 2100'.
- 2. Run 8 5/8" casing and circulate cement to surface.
- 3. Test casing and Shaffer Type "E" 10" 900 series double hydraulic preventer to 2000# 4. Drill 7 7/8" hole to \pm 8700'. Test shows as necessary.
- Run open hole logs. 5.
- If productive run 4 1/2" casing to TD and attempt to tie cement back to surface 6. at 2100'.
- Test casing to 2000#. 7.
- 8. Perforate and test as indicated by logs.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUG 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 know	viedge and belief.	
SIGNATURE / Currely A. M. Clast	ma Engineering Manager	DATE 4/21/89
TYPE OR PRINT NAME		TELEPHONE NO. 9/5-633-5
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		APR 2 4 1989
DISTRICT I SUPERVISOR	TILE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

> Permit Expires 6 Months From Approval Date Unless Drilling Underway

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2.724 (1989) - 2.724 (1989) 2.724 (1989) - 2.724 (1989)

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

DISTRIC	<u>T1</u>			
P.O. Box	1980,	Hobbs,	NM	88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

perator				Lease				Well No.
Tamaras	·k Petro	leum Co.,	Inc.	McAlis	ster			
	tion	Township		Range			County	
K	28		6 South	33 1	East	NMPM	Koc	sevelt
ual Footage Location	of Well:							
1980 feet	from the	south	line and	1980		feet from t	he West	Ше
und level Elev.		cing Formation		Pool				Dedicated Acreage:
14.5°	Peni	v		Wildca				40 Acres
2. If more that 3. If more that	n one lease is one lease of	dedicated to the w	t well by colored per vell, outline each and ip is dedicated to the	identify the owne	enship thereof (bo	th as to workin		
Ye If answer is "n	o" list the own	No	If answer is "yes" ty criptions which have	pe of consolidation actually been con	n usolidated. (Use	reverse side of		
this form if ne No allowable a or until a non-	will be assigned	ed to the well unti- eliminating such	il all interests have b interest, has been ap	een consolidated (proved by the Div	by communitizat ision.	ion, unitization	, forced-poolir	ng, or otherwise)
							OPERAT	TOR CERTIFICATION
							I hereby certify that the informatic contained herein in true and complete to best of my knowledge and belief.	
							ignature Conche inted Name	.a.M. Elen
				†			<u>Randy</u> A	McClay
				1		C	ompany	ring Manager k Petroleum Co., 1
						E	4/21/89	
							SURVE	YOR CERTIFICATION
			1				m this plat	ify that the well location show was plotted from field notes c
19	80'		*****			t c	upervison, a correct to th	is made by me or under m nd that the same is true an ne best of my knowledge an
		and a start of the					belief. Date Surveyer	1
			<u> </u>				Signature & S	4, 1989 cal of
		086					Professionals	OFESSION ND SUR
	 l						Certificate No	RONALD J EISTON 323
330 660 99	0 1320 16	50 1980 231	0 2640 2	000 1500	1000 5	00 0	XI	MEN /
								W. WEEK