District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

## State of New Mexico Energy Minerals and Natural Resources

Form C-101 Revised March 17, 1999

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit to appropriate District Office State Lease - 6 Copies Fee Lease - 5 Copies

☐ AMENDED REPORT

Proposed Bottom Hole Location If Different From Surface  **Proposed Bottom Hole Location If Different From Surface  **Proposed Pool 1  **Proposed Pool 2  **Proposed Pool 1  **Medicine Rock Devosition**  **Proposed Pool 2  **Proposed Pool 1  **Medicine Rock Devosition**  **Proposed Pool 1  **Medicine Rock Devosition**  **Proposed Pool 1  **Medicine Rock Devosition**  **Proposed Pool 2  **Medicine Rock Devosition**  **Proposed Pool 1  **Medicine Rock Devosition**  **Proposed Pool 2  **Proposed Pool 2  **Medicine Rock Devosi	APP	LICAT	ION FO	R PERMIT	TO D	RIIJ. RE	_ENTE	R D	FFPFN	N PI LICE	RACK		A ZONE		
Proposed Code   Section   Township   Range   Let 16n   Feet from the   NostriSouth line   Feet from the   Section   Township   Range   Let 16n   Feet from the   NostriSouth line   Feet from the   Section   Township   Range   Let 16n   Feet from the   NostriSouth line   Feet from the   Section   Township   Range   Let 16n   Feet from the   NostriSouth line   Feet from the   Section   Township   Range   Let 16n   Feet from the   NostriSouth line   Feet from the   Seat-West line   County			ss	<sup>2</sup> OGRID Number											
Proposed Fool 1  "Well Type Code  E  "Well Type Code  "Well Type Code  E  "Well Type Code  "Well Type				20.007.070					<sup>3</sup> API Number						
Clara M. Roberts  T. Surface Location  V. Let Iden Describe Beatwork line   County    Beatwork line   Peet from the   NorthSouth line   Foot from the   EastWork line   County    Beatwork line   Peet from the   NorthSouth line   Foot from the   EastWork line   County    Proposed Bottom Hole Location If Different From Surface  U.L. or lot no   Section   Township   Range   Let Iden   Peet from the   NorthSouth line   Foot from the   EastWork line   County    Proposed Pool I   Proposed Pool I   Proposed Pool I    Medichne Rock Devontan  Proposed Pool I   Proposed Pool I   Proposed Pool I    Medichne Rock Devontan   Proposed Pool I   Well Type Code   Proposed Pool I    Well Type Code   Proposed Pool I   Propos															
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E 23 1SS 38E 1980 North 330 West Lea  **Proposed Bottom Hole Location If Different From Surface  **UL or lot no Section Township Range Lot lish Foot from the North-Scafe line Feet from the East-West line County  **Proposed Pool 2  **Proposed Pool 2  **Medicine Rock Devonian**  **Medicine Rock Devonian**  **Work Type Code						Surface	e Locati	on			<b>.</b>				
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UL or lot no Section Township Rarge Lot lids Feet from the North-South line Feet from the East-West line Cozery  *Proposed Pool 1  **Modicine Rock Devonian**  **Proposed Depth Rock Proposed Depth Rock Proposed Depth Not 12830**  **Devonian**  **Devonian**  **Proposed Casing and Cement Program**  **Hole Size Casing Size Casing weight/foot Setting Depth Sacks of Cement Estimated TOC 17 1/2 13 3/8 48# 361 260 Surface-In Pla 12 1/4 9 5/8 36# & 40# 4900 1800 Surface-In Pla 8 3/4 5 1/2 17# & 20# 7500-4700 750 4700  **Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed		·	<u> </u>	<sup>8</sup> Proposed	Bottor							West	Lea		
Medicine Rock Devonian  "Work Type Code E    Well Type Code   Record   Percent   Proposed Depth   Proposed Depth   Proposed Depth   Proposed Depth   Proposed Depth   Proposed Casing and Cement Program    Multiple   Proposed Casing state   Casing weight/foot   Setting Depth   Sacks of Cement   Estimated TOC	UL or lot no.	tana la a				1				1	East/West line Cour				
E				•	an	<u></u>			l	10	Proposed 1	Pool 2			
E	<sup>11</sup> Work	Type Code		12 Well Type Coo	le	13 Cal	ala/Potoni		14	T		15			
N 12830 Devonian Unknown ASAP  21 Proposed Casing and Cement Program  Hole Size Casing Size Casing weight/foot Setting Depth Sacks of Cement Estimated TOC  17 1/2 13 3/8 48# 361 260 Surface-In Pla  12 1/4 9 5/8 36# & 40# 4900 1800 Surface-In Pla  8 3/4 5 1/2 17# & 20# 7500-4700 750 4700  Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program, if any. Use additional sheets if necessary.  1al J.Rasmussen propose to re enter well plugged by Polaris Production in 1988. Cement plugs will be drilled out to top of 5 ½ casing left in place at 7500ft. 5 ½"17# critication in 1988. Cement plugs will be cemented in place with approximately 750 sx Class H cement temaining cement plugs will be drilled out to PBTD of 12830 ft  1000 psi BOP will be used during re entry operations  Permit Exp 198 1 Year From Approval Date Uniform Authority to inject) with OCD engineering  11 Rasmussen has filed C108(Application for Authority to inject) with OCD engineering  12 Infereby certify that the information given above is true and complete to the best of the post of the po	]	E			)	R			P		e 	3729			
Hole Size Casing Size Casing weight/foot Setting Depth Sacks of Cement Estimated TOC 17 1/2 13 3/8 48# 361 260 Surface-In Pla 12 1/4 9 5/8 36# & 40# 4900 1800 Surface-In Pla 8 3/4 5 1/2 17# & 20# 7500-4700 750 4700  Poscribe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the proposed program, if any. Use additional sheets if necessary.  Ital J.Rasmussen propose to re enter well plugged by Polaris Production in 1988. Cement plugs will be drilled out to top of 5 ½ casing left in place at 7500ft. 5 ½"17# centred and casing bowl will be un to 7500 ft and tied back in to 9 5/8" to 4700ft. Casing will be cemented in place with approximately 750 sx Class H cement demaining cement plugs will be drilled out to PBTD of 12830 ft  Doop pai BOP will be used during recentry operations  Permit Express 1 Year From Approval Date United States of Local States of the Date United States of Local States	N 12830			12830	Devonian				Unknown						
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resh water and gel will be used during re entry operations  Permit Expires 1 Year From Approval Date Unless Driving Underway  If e_fifty  In hereby certify that the information given above is true and complete to the best ignature:  If my knowledge and belieft ignature:  Michael Prichard  Michael Prichard  Michael Prichard  Phone: (915) 687-1664  Phone: (915) 687-1664	nd casing boy	vi will be ru	in to 7500 ft a	nd tied back in to	9 5/8" to	ation in 1988. C 4700ft. Casing v	ement plug vill be cem	s will be ented in	drilled out place with	it to top of 5 ½ approximately	casing left 750 sx Cl	in place at 750	Off. 5 1/2"17# casing		
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In the second to the used as note conditions dictate.    Peritty							Permit	Ехр	ites 1	Year Fro	m Apı	proval			
Thereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certify that the information given above is trace and complete to the best  In hereby certified the information given above is trace and complete to the best  In hereby certified the information given above is trace and complete to the best  In hereby certified the information given above is trace and complete to the best  In hereby certified the information given above is trace and complete to the be	Fresh water and gel will be used as hole conditions dictate.														
I hereby certify that the information given above is true and complete to the best  f my knowledge and belief:  Approved by:  ORIGINAL SIGNED BY  rinted name: Michael Prichard  Title:  Approval Date:  Expiration Date:	lal J. Rasmuss	sen has filed	l C108(Appli	cation for Author	ity to inject	)with OCD engi	inererring		1	1e-81111	- <b>X</b>		,		
Approved by:  ORIGINAL SIGNED BY  inted name: Michael Prichard  Title: POLIL F. KAUTZ  itle: Agent  Approval Date: Expiration Date:	I hereby cert	ify that the	information g						OIL C	ONSERV	ATION	N DIVISIO	)N		
rinted name: Michael Prichard  Title: POUL F. KAUTZ  itle: Agent Approval Date: Expiration Date:  Phone: (915) 687-1664		ge and belie		) hrull	//www		Approve	ed by:			ORIGINAL SISNED RV				
itle: Agent Approval Date: Expiration Date: Expiration Date:	rinted name:	Mich	ael Prichard	7	- <i>6</i>		Title:				PAUL F. KAUTZ				
ate: / Phone: (915) 697-1664	itle:	Agent						ıl Date:			Expiration Date:				
7///03 Greg Rasmussen Attached 1 2003	Date:	1/02		` '			1		70Y74		1				

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Revised August 15, 2000

Form C-102

Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION

Submit to Appropriate District Office State Lease - 4 Copies

1220 South St. Francis Dr.

Fee Lease - 3 Copies

1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505

ELL LOCATION AND ACREAGE DEDICATION DEAT	

			WELL D	OCATIO	ON AND .	ACRI	EAGE DEDIC	CATION PLA	T				
3		Pool Code			<sup>3</sup> Pool Name								
<sup>4</sup> Property (	nde			Medicine Rock Devon					Devonian				
22//	2			5 Property Name						Well Number			
1222			- <u>-</u>	Clara M. Roberts							#1		
OGRID 1	No			<sup>8</sup> Operator Name						, Elevation			
9809				Hal J. Rasmussen							3729'		
					10 Cure	Face I	ocation				.9		
UL or lot no.	Section	Township	T D	7 .71									
E	23	·	Range	Lot Id	n Feet fro	m the	North/South line	Feet from the	East/Wes	line	County		
		15S	38E	198		North		330	West		Lea		
11 Bottom Hole Location If Different From Surface													
UL or lot no.	Section	Township	Range	T-471	TOIC LOCAL	UII II		n Surrace					
		10Bip	Kange	Lot Idi	n Feet fro	m the	North/South line	Feet from the	East/West	line	County		
	1.0					[					Ť		
12 Dedicated Acres	13 Joint of	or Infil 14 Consolidation Code 15 Order No											
40	N	İ			NSL 90	i5							
	.L												

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPRO

16		MCD OIVIT HAS BEEN	ALL COVED BY THE	
				17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true
				and complete to the best of my knowledge and belief.
086/	-			Signature  Signature  Printed Name  Michael Prichard
				Title
330'				Agent
/				Date
				3/27/2003
, ,				<sup>18</sup> 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 belief.
				Date of Survey
				Signature and Seal of Professional Surveyor:
				See original plat filed in April 1969
				Certificate Number