

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

OIL CONSERVATION DIVISION

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

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

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

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

API NO. (assigned by OCD on New Wells)

30-025-31831

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-9116

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

Charles B. Gillespie, Jr.

3. Address of Operator

P. O. Box 8 Midland, TX 79702

4. Well Location

Unit Letter A : 990 Feet From The North Line and 660 Feet From The East Line

Section 1 Township 16-S Range 35-E NMPM Lea County

7. Lease Name or Unit Agreement Name

Earnestine State

8. Well No.

2

9. Pool name or Wildcat

East Big Dry  
West Lovington Strawn

10. Proposed Depth

11,825'

11. Formation

Strawn

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3973' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

ZIADRIL, Inc.

16. Approx. Date Work will start

ASAP

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"	48# & 54.50#	400'	400	Circulated
11"	8 5/8"	32#	4750'	750	2500'
7 7/8"	5 1/2"	17#	TD	750	9500'

We propose to drill and test to Atoka and intermediate formations. Approximately 400' of surface casing will be set and cement circulated. Approximately 4750' of intermediate casing will be set and cemented back to  $\pm$  500' above the top of the Yates formation at 3000'. Production casing will be set to TD and cemented back to approximately 9500'.

Mud Program: fresh water, native mud to 10,000'. Mud up at 10,000' with salt gel.

BOP Program: BOP's will be installed at offset and tested daily.

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.

SIGNATURE William R. Crow TITLE Exploration Manager DATE 12/7/92

TYPE OR PRINT NAME William R. Crow TELEPHONE NO. (915) 683-1765

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 1 1992

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

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## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHARLES B. GILLESPIE, JR.			Lease EARNESTINE STATE		Well No. 2
Unit Letter A	Section 1	Township 16 SOUTH	Range 35 EAST	NMPM	County LEA

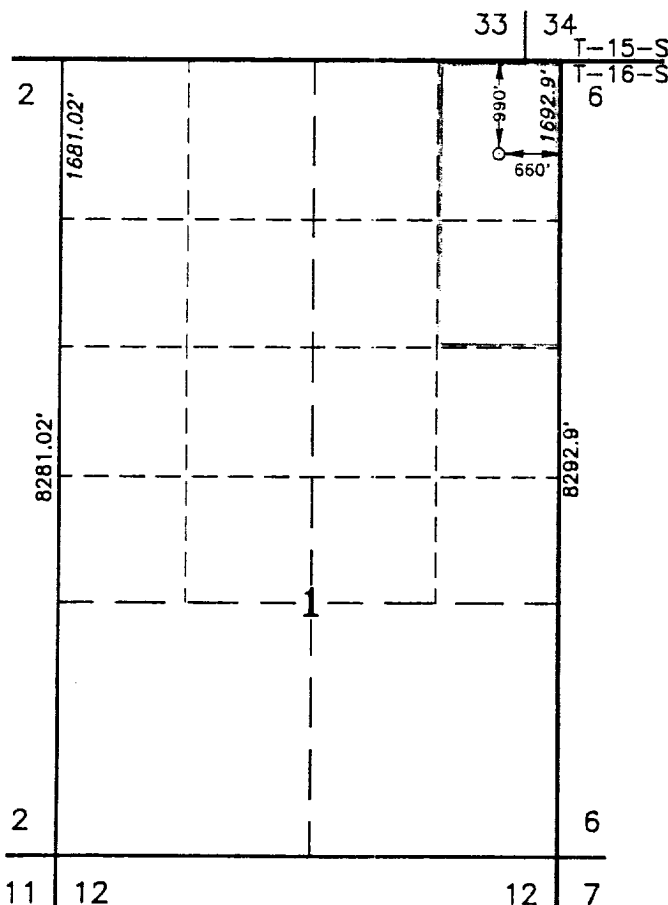
#### Actual Footage Location of Well:

990 feet from the NORTH line and		660 feet from the EAST line	
Ground Level Elev. 3973.0'	Producing Formation Strawn	Pool East Lovington Strawn	Dedicated Acreage: 91.26 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 interest 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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



SCALE : 1"=2000'

#### OPERATOR CERTIFICATION

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

Signature

Printed Name

William R. Crow

Position

Exploration Manager

Company

Charles B. Gillespie, Jr.

Date

12/7/92

#### 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 knowledge and belief.

Date Surveyed

NOVEMBER 25, 1992

Signature & Seal of  
Professional Surveyor

Certificate No. JOHN W. WEST, 676

RONALD J. EDSON, 3239

GARY L. JONES, 7977

92-11-1861