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OPERATOR	

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> REC <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG-1125

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 SANTA FE STATE	
2. Name of Operator GENERAL OPERATING COMPANY		9. Well No. 2	
3. Address of Operator SUITE 1007, RIDGLEA BANK BUILDING, FORT WORTH, TEXAS 76116		10. Field and Pool, or Wildcat E-K YATES-7R-QUEEN	
4. Location of Well UNIT LETTER <u>A</u> LOCATED <u>330</u> FEET FROM THE <u>NORTH</u> LINE AND <u>990</u> FEET FROM THE <u>EAST</u> LINE OF SEC. <u>18</u> TWP. <u>18-S</u> RGE. <u>34-E</u> NMPM		12. County LEA	
19. Proposed Depth 4800'		19A. Formation QUEEN	
20. Rotary or C.T. ROTARY		21. Elevations (show whether DF, KT, etc.) 4078.2 GL	
21A. Kind & Status Plug. Bond BLANKET		21B. Drilling Contractor NOT SELECTED	
22. Approx. Date Work will start UPON APPROVAL			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	1700'	600	SURFACE
7-7/8"	4-1/2"	9.5#	4800'	300	3000'

AFTER SETTING PRODUCTION CASING, PAY ZONE WILL BE PERFORATED AND
STIMULATED AS NECESSARY.

SEE ATTACHED FOR BOP SKETCH.

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 Arthur R. Brown Title Agent Date JANUARY 2, 1986

(This space for State Use)

ORIGINAL SIGNED BY JOHN SEXTON

DEVELOPMENT SUPERVISOR

PROVED BY _____ TITLE _____ DATE _____

ADDITIONS OF APPROVAL, IF ANY:

JAN 3 - 1986

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JAN 3 - 1986

U.S. HOUSE OF REPRESENTATIVES
HOUSE OFFICE

WELL LOCATION AND ACREAGE DEDICATION FORM

Supersedes C-128
Effective 1-1-85

All distances must be from the outer boundaries of the Section.

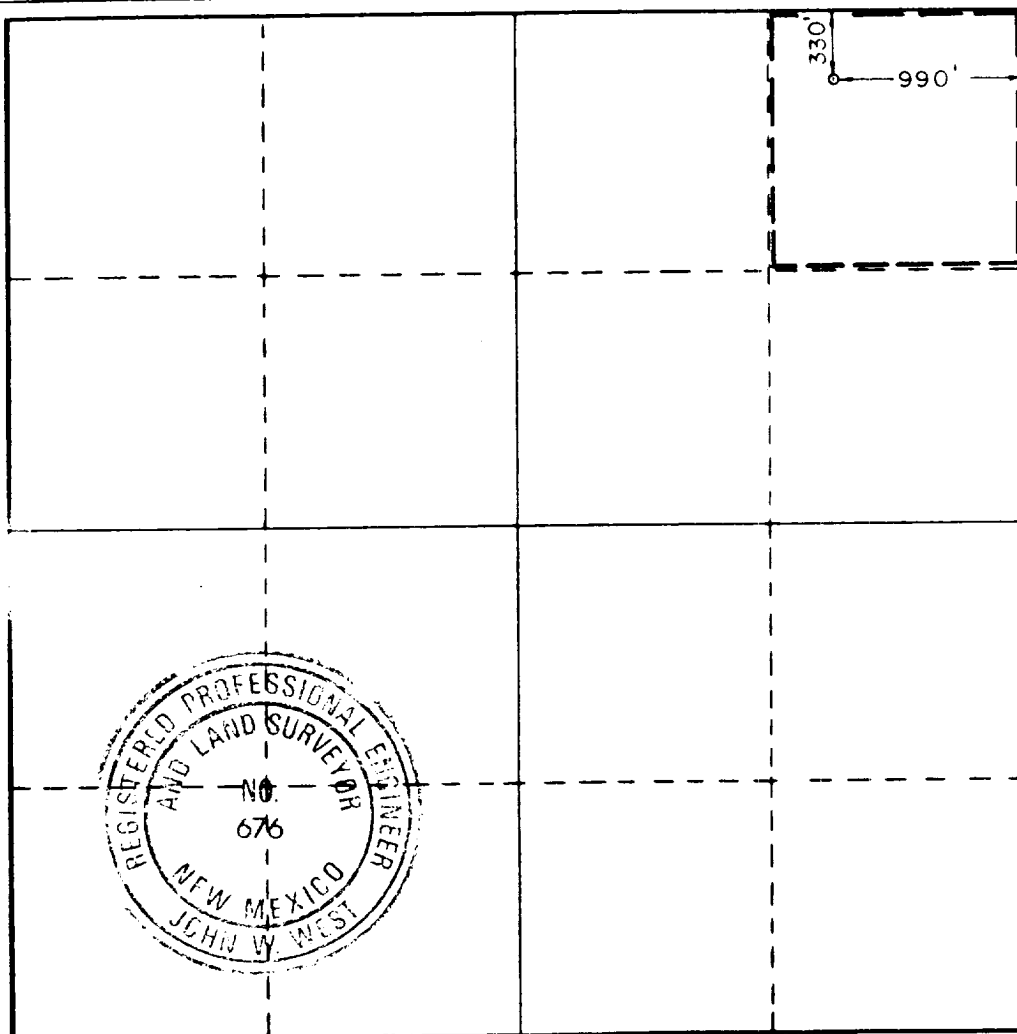
Operator General Operating Co.		Lease Santa Fe State		Well No. 2
Unit Letter A	Section 18	Township 18S	Range 34E	County Lea
Actual Footage Location of Well: 990 feet from the East line and 330 feet from the North line				
Ground Level Elev. 4078.2	Producing Formation QUEEN	Pool E-K YATES SEVEN RIVERS QUEEN		Dedicated Acreage: 40 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 Arthur R. Brown

Position
Agent

Company
GENERAL OPERATING COMPANY

Date
JANUARY 2, 1986

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
Jan. 2, 1986

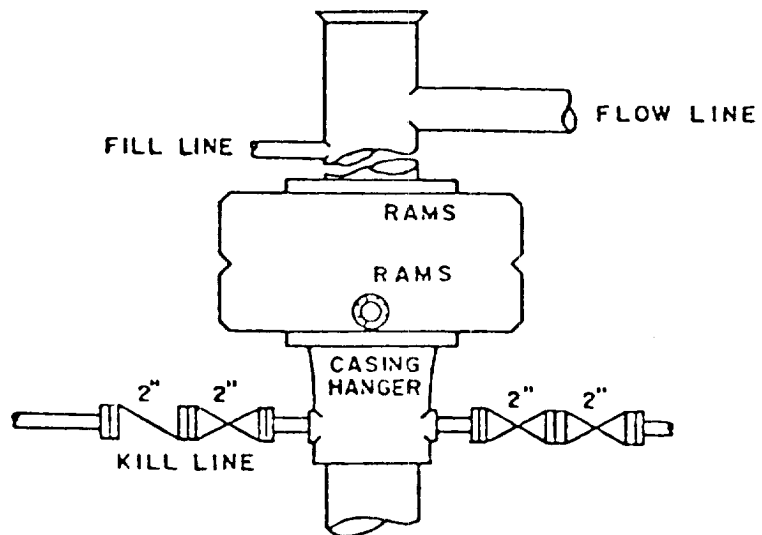
Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No. **JOHN W. WEST, 676**
RONALD J. EIDSON, 3239

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OFFICE
HONORARY OFFICE



BOP STACK

3000 PSI WORKING PRESSURE

BOP ARRANGEMENT

hcc 9/7/86

17

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JAN 9 - 1986

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