

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0136  
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. <del>652413-001</del>
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-30956
2. NAME OF OPERATOR Hopper-Barnett, Inc.			7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1706, Hobbs, NM 88240			8. FARM OR LEASE NAME Princess D
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 1650' FNL & 1650' FWL At proposed prod. zone Same			9. WELL NO. 1
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* App. 16 Miles South of Maljamar			10. FIELD AND POOL, OR WILDCAT West Lusk Delaware
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 330'			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-19S-32E
16. NO. OF ACRES IN LEASE 40			12. COUNTY OR PARISH Lea
17. NO. OF ACRES ASSIGNED TO THIS WELL 40			13. STATE NM
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. None			14. ROTARY OR CABLE TOOLS Rotary
19. PROPOSED DEPTH 7,200			22. APPROX. DATE WORK WILL START*
20. ELEVATIONS (Show whether DF, RT, GR, etc.) * Est 3524' G.L.			

PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2	13 3/8	48#	900'	See Exhibit F
12 1/4	8 5/8	24# & 32#	3800'	" "
7 7/8	5 1/2	15.50#	7200'	" "

See Alternate Casing Program Casing program

Mud Program: See Exhibit F  
BOP Program: See Exhibit E

Exact GL Elevation is to be determined after location is built.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Officer DATE 12-5-89  
(This space for Federal or State office use)

PERMIT NO. [Signature] APPROVAL DATE 12/29/89  
APPROVED BY [Signature] TITLE Area Manager DATE 12/29/89  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side

# OIL CONSERVATION DIVISION

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

P.O. Box 2088

**Santa Fe, New Mexico 87504-2088**

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

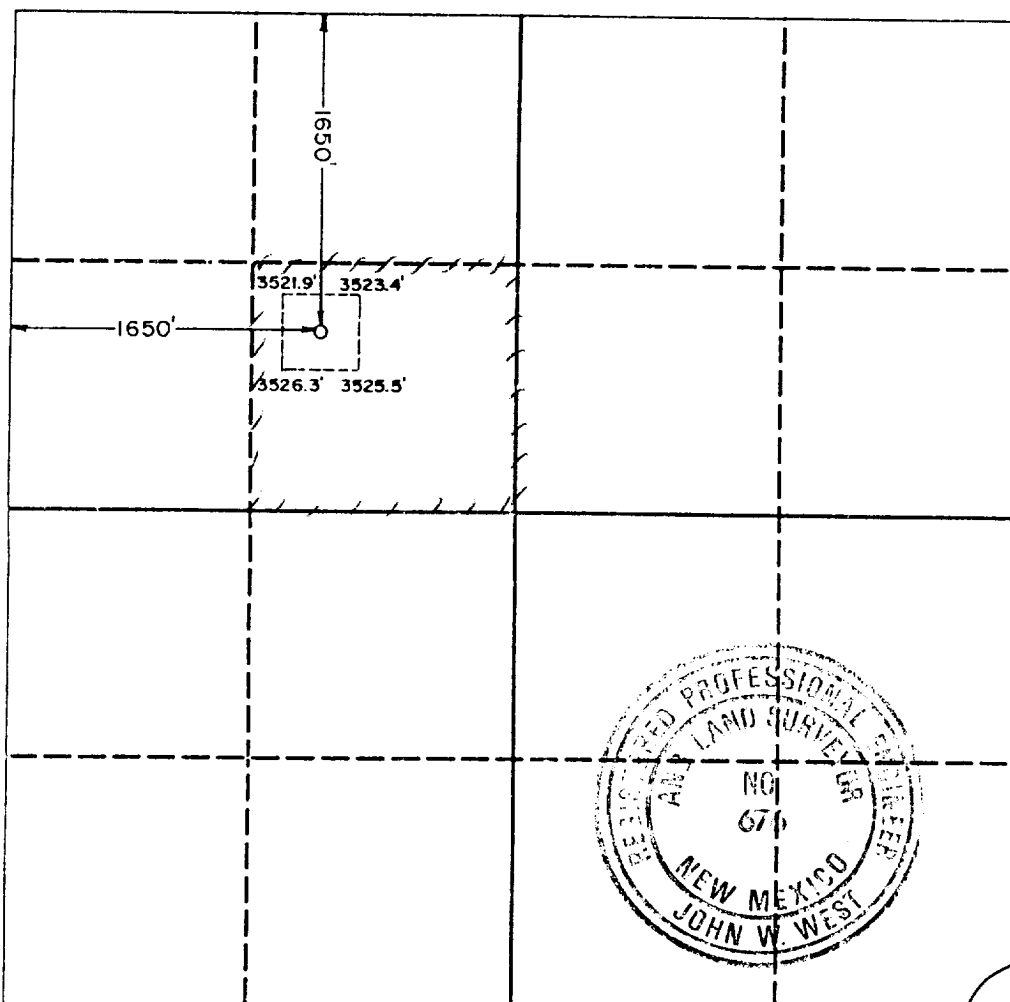
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

# WELL LOCATION AND ACREAGE DEDICATION PLAT

**All Distances must be from the outer boundaries of the section**

Operator Hopper & Barnett		Lease Federal "D"		Well No. 1	
Unit Letter F	Section 31	Township 19 South	Range 32 East	County Lea	
Actual Footage Location of Well: 1650 feet from the North line and 1650 feet from the West line					
Ground level Elev. 3523.5	Producing Formation Delaware		Pool W. Lusk	Dedicated Acreage: 40 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 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 interest, has been approved by the Division.



### OPERATOR CERTIFICATION

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

Signature Shannon Shaw  
Printed Name for: Roy Hopper  
Position \_\_\_\_\_

Company  
Hopper-Barnett, Inc.


Date 12/21/89

### 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 10, 1989

Signature & Seal of  
Professional Surveyor

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

RECEIVED

JAN 04 1990

OCD  
MOBBS OFFICE