1					1
Submit to Appropriate District Office State Lease - 6 copies For Lease - 5 copies		State of New Me Minerals and Natural Re	Form C-101 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM DISTRICT II	88240	P.O. Box 2088 anna Fe, New Mexico 87504-2088		API NO. (assigned by OCD on New Wells) 3D-025-31471	
P.O. Drawer DD, Artesia, N DISTRICT III 1000 Rio Brazos Rd., Aziec				6. State Oil & Gas Lease	No. FEE
				B-2516	
	ION FOR PERMIT T	O DRILL, DEEPEN, C	R PLUG BACK	<u> </u>	
I. Type of Work: DRILL b. Type of Well: oil OAS WELL X WELL	. 🗶 RE-ENTER	DEEPEN SINGLE	PLUG BACK	7. Lesso Name or Unit Ag SMGSAU Tract	
2 Name of Operator		······································		8. Well No.	
Cross Timbers	Operating Comp.	any		8.	
1. Address of Operator P. O. Box 5084	47, Midland, Te	xas 79710		9. Pool same or Wildcar Maljamar (G-S	SA)
4. Well Location Unit Letter N	: <u>125</u> Foot Fr	om The South	Line and,	345 Feet From The	West Line
Section 29	9 Townait	un 175 Ram	are 33E	NMPM Lea	County
		10. Proposed Depth 4,600'		San Andres	12 Roary or C.T. Rotary
13. Elevations (Show whether 4,038.9' (GR)	r DF, RT, GR, esc.) 14	Kind & Status Plug. Bond Blanket	15. Dulling Contractor Peterson	16 Approx 1 12/2/1	Date Work will san 91
17.	PR	OPOSED CASING AN	ID CEMENT PROGR	RAM	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TCP
12-1/4"	8-5/8"	23#	300'	200	Surface 1
7-7/8"	5-1/2"	15.5#	4,600'	1,150	Surface
[]		<u> </u>	· · · · ·		

Drill 12-1/4" hole to 300'. Set & cmt 8-5/8" 23# LS csg w/200sx Class "C" w/2% CaCl. Drill 7-7/8" hole to 4,600' using 10# brine wtr, starch & salt gel. Set & cmt 5-1/2" 15.5# J-55 csg w/900sx Lite & 250sx Class "C" (cmt vol may vary depending on calipered hole vol).

BOP Program:

11", 3,000 psi, hydraulically operated double ram.
(1) pipe ram, (1) blind ram.

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.

	me is true and complete to the best of my knowl	Operations Engineer	DATE11/6/91
TITE OR FRINT NAME Gary I	L. Markestad		TELEPHONE NO. (915)682-88
This space for State Use)			
	х. 		T (

7182-3077

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Submat to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

P.J. Diswer DD, Alussi, NML 66210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

State of New Mexico rgy, Minerals and Natural Resources Departma

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

ator			Less		Well No.
	imbers Oper	rating Company	SMGSAU T		8
Letter N	Section 29	Towaship 17 South	Range 33 East	County	Lea
	ation of Well:	17 30401		NMPM	
1345	feet from the	West Hime an	125	feet from the	South _{line}
d level Elev.	Produc	cing Formation	Pool		Dedicated Acreage:
4038.9		urg-San Andres	Maljamar (G-S		40 Acres
2. If mor 3. If mor unitiza	re than one lease is d re than one lease of d ation, force-pooling,		and identify the ownership thereo	of (both as to working intere	communitization,
K) If answe	Yes r is "no" list the own	No If answer is "yes" pers and tract descriptions which h			
this form	if neccessary.				
No allow or until r	vable will be assigne a non-standard unit. (d to the well until all interests hav eliminating such interest, has been	approved by the Division.	BUZHUOR, UMHIZBOOH, JOICED-	pooring, or otherwise)
	······································				RATOR CERTIFICATION
	1		1	11	ereby certify that the information
	l		1	contained	herein in true and complete to the knowledge and belief.
	l		l	Signature	1 and 1
	i				Parto Markeyton
	i		ĺ	Printed N	L. Markestad
	j			Position	
				Opera	tions Engineer
	l			Сотралу	
				[]	Timbers Operating Co
			l	Noven	ber 6, 1991
	1		I	SUR	VEYOR CERTIFICATION
			l	1 hereby	certify that the well location show
				1 1 2	plat was plotted from field notes of
			1		urveys made by me or under my
	i				n, and that the same is true and to the best of my knowledge and
	1		, i i i i i i i i i i i i i i i i i i i	belief.	
				Date Sur	veved
		╤┈╤╤╤╤╡╾╾╴			October 21, 1991
	ť			Signatur	. A Seal of
	Î	ł		Professio	lihit Stilvelyor
	1			1 Dr	All Inder
	1	Ł		Califica	A NO JOHN W WEST 676
			E Contraction of the second seco	1115	
—1345' —	/]	i / / / /	I	/ [*] */	ို ်ทอนน์ มี ၂ (Elpéqn, 3239

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