

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)

30-025-31697

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

VB-97

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

CHI OPERATING, INC.

3. Address of Operator

P. O. BOX 1799, MIDLAND, TX 79702

7. Lease Name or Unit Agreement Name

Bison
Bison STATE

8. Well No.

2

9. Pool name or Wildcat

BUFFALO QUEEN

4. Well Location

Unit Letter K : 2310 Feet From The SOUTH Line and 2100 Feet From The WEST Line

Section 32 Township 18-S Range 33-E NMPM LEA County

10. Proposed Depth

4,800'

11. Formation

QUEEN

12. Rotary or C.T.

ROTARY

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

3732.5' GR

14. Kind & Status Plug Bond

\$50,000. BKT.

15. Drilling Contractor

L & M DRILLING CO

16. Approx. Date Work will start

September 1, 1992

17. 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#	335'	350	Surface
7 7/8"	5 1/2"	15.50#	4,800'	1,250	Surface

It is proposed to drill this well to a TD of 4800'
and test the Queen Formation.

The blowout prevention program is as follows:

BOP is a 10" Camron SF Space Saver with double
hydraulics.

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



TITLE

President

DATE 8/24/92

TYPE OR PRINT NAME

DAVID H. HARRISON

915
TELEPHONE NO. 685-5001

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE AUG 25 '92

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Submit to Appropriate
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Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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

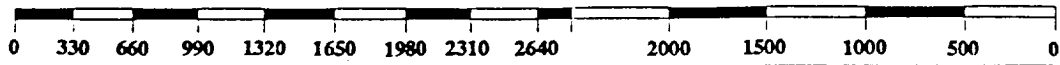
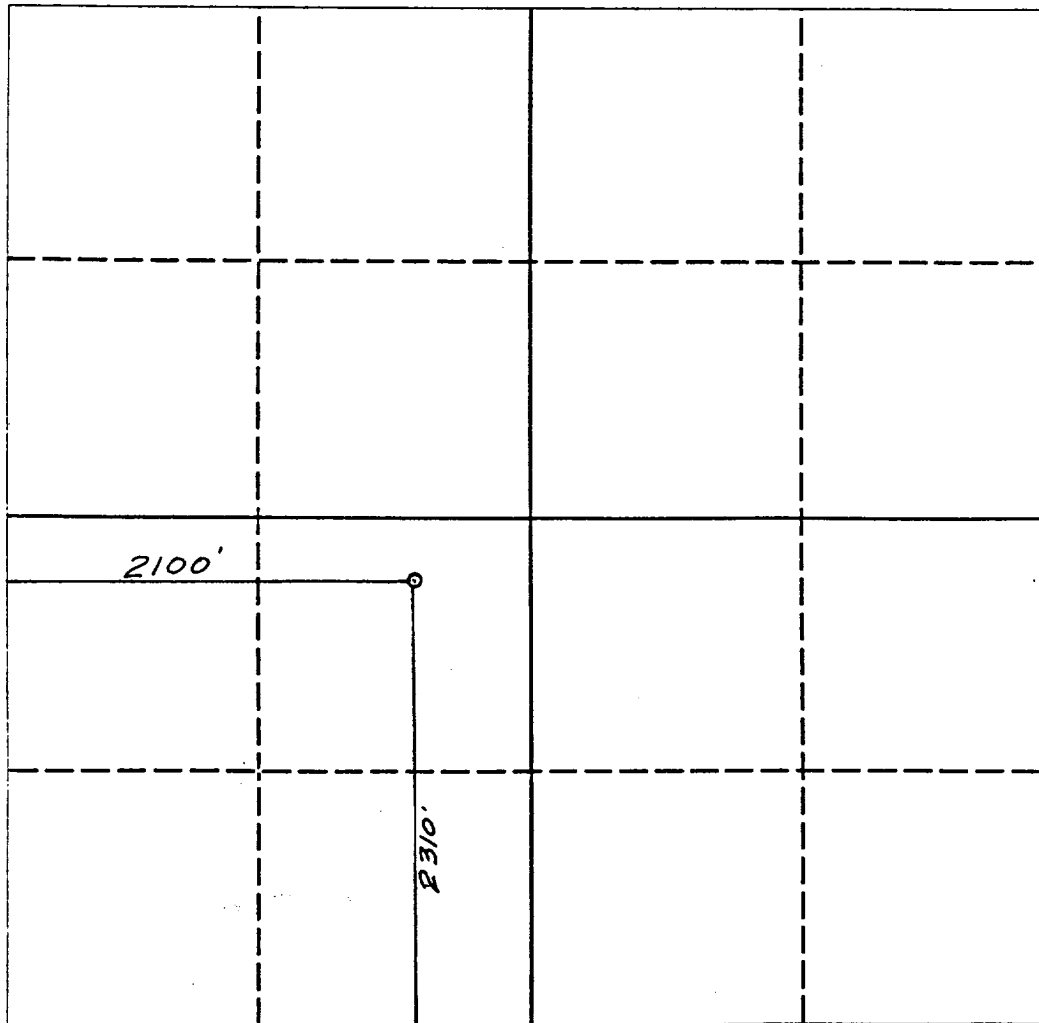
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CHI OPERATING INC.			Lease BISON STATE		Well No. 2
Unit Letter K	Section 32	Township 18 SOUTH	Range 33 EAST	County LEA COUNTY, NM	
Actual Footage Location of Well: 2310 feet from the SOUTH line and 2100 feet from the WEST line					
Ground level Elev. 3732.5	Producing Formation QUEEN		Pool BUFFALO 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 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
Printed Name DAVID H. HARRISON
Position PRESIDENT
Company CHI OPERATING, INC.
Date AUGUST 24, 1992

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 AUGUST 24, 1992
Signature & Seal of Professional Surveyor
Certification NEW MEXICO
Professional Surveyor DAVID H. HARRISON
Professional Surveyor 5412

Heck 12-10-92

111

RECEIVED
AUG 25 1992
OCD HOBBS OFFICE