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OPERATOR		

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-1630	
7. Unit Agreement Name	
8. Farm or Lease Name LEA T Z STATE	
9. Well No. 4	
10. Is Pool and Pool, or Wildcat SCHARB WOLF CAMP UNDESIGNATED	
12. County LEA	
20. Rotary or Not	ROTARY
22. Approx. Date Work will start 2-6-84	

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>						7. Unit Agreement Name	
b. Type of Well 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. Firm or Lease Name LEA T Z STATE	
c. Name of Operator GULF OIL CORPORATION						9. Well No. 4	
d. Address of Operator P.O. Box 670 HOBBS, NEW MEXICO, 88240						10. Field and Pool, or Wildcat SCHARB WOLF CAMP	
e. Location of Well UNIT LETTER F LOCATED 1780 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE OF SEC. 16 TWP. 19S RGE. 35E NMPM						UNDESIGNATED	
						12. County LEA	
				19. Proposed Depth 11,000	19A. Formation WOLF CAMP	20. History of Well ROTARY	
21. Elevations (Show whether DF, RT, etc.) 3795.8 GLE		21A. Kind & Status Plug, Bond BLANKET		21B. Drilling Contractor UNKNOWN		22. Approx. Date Work will start 2-6-84	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17½	13¾	48 <sup>#</sup>	400	400	SURFACE
12¼	8⅝	24 & 8 <sup>#</sup>	4200	1400	TIE BACK SURFACE
7⅞	5½	15.50 & 17 <sup>#</sup>	11,000	~ 400	~ 8000'

0-400' FW SPUD MUD 8.6-8.8 ppm 32-36 vis

400'-4200' SAT. BRINE SYSTEM 9.8-10.1 ppq 29-31vis

4200' - 9200' FW W/CUT BRINE 8.8-9.5 ppm 29-31 vis

9200' - 11,000' CUT BRINE POLYMER STARCH DRISPAK KCl 15-20 WL 32-34 VLS

SEE ATTACHED DRAWING #3 3000 psi WORKING PRESSURE

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 L. C. Walker Title \_\_\_\_\_ Date \_\_\_\_\_

(This space for State Use)

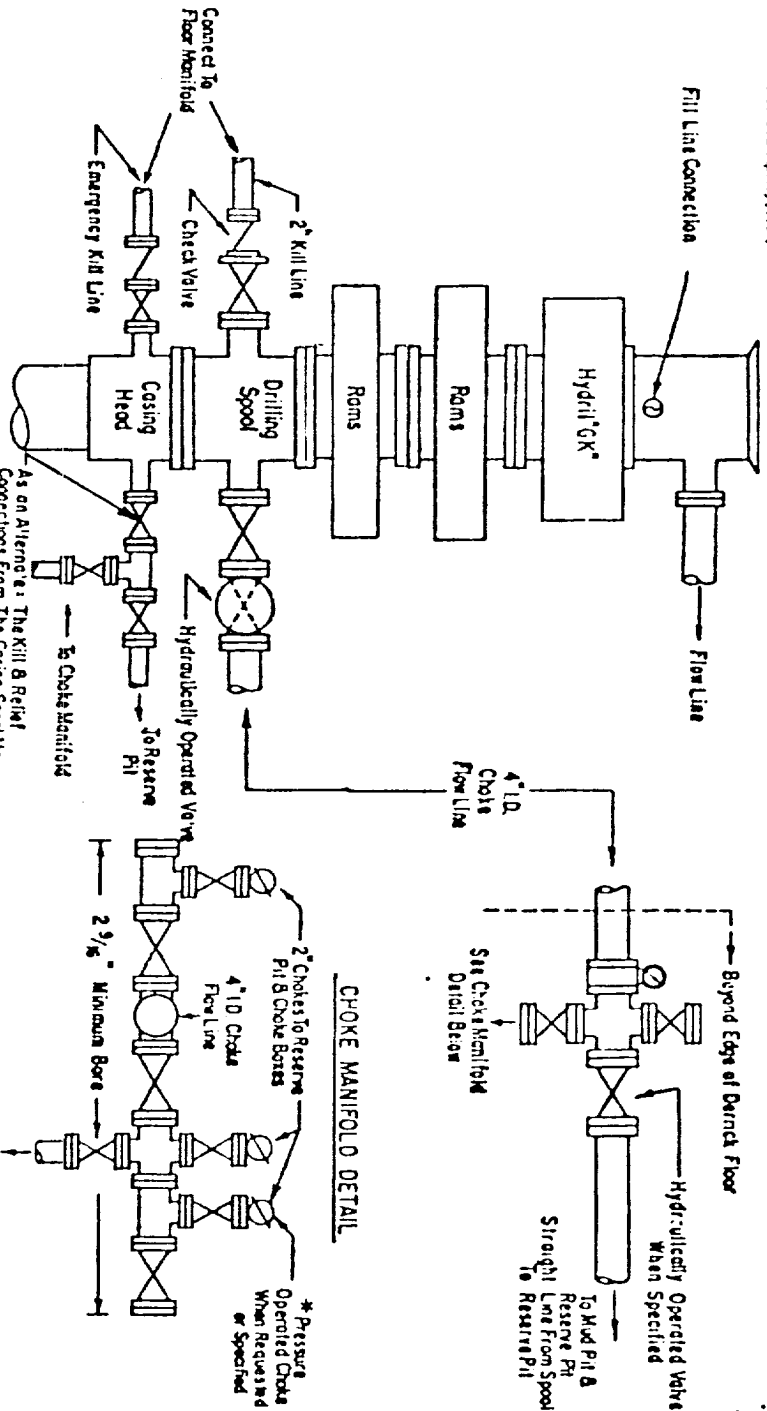
**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY ORIGINAL SIGNED BY JERRY SEATON TITLE \_\_\_\_\_  
DISTRICT 1 SUPERVISOR  
 CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DATE FEB 1 1984

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 8/1/84  
UNLESS DRILLING UNDERWAY

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C-50  
HUBBARD OFFICE



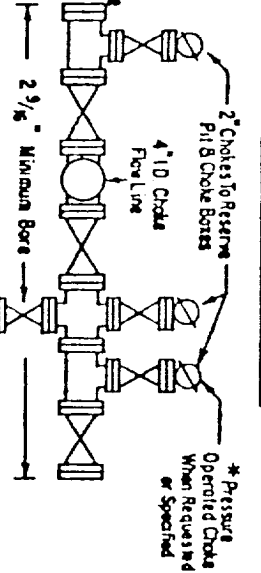
### 3000 PSI WORKING PRESSURE BLOWOUT PREVENTER HOOK-UP

The closing manifold and remote closing manifold shall have a separate control for each pressure-operated device. Controls are to be labeled, with control handles indicating open and closed positions. A pressure reducer and regulator must be provided for operating the Hydril preventer. When required, a second pressure reducer shall be available to limit operating fluid pressures to ram preventers. Gulf Legion No. 38 hydraulic oil, an equivalent or better, is to be used as the fluid to operate the hydraulic equipment.

The choke manifold, choke flow line, and choke lines are to be supported by metal stands and adequately anchored. The choke flow line and choke lines shall be constructed as straight as possible and without sharp bends. Easy and safe access is to be maintained to the choke manifold. All valves are to be selected for operation in the presence of oil, gas, and drilling fluids. The choke flow line valves connected to the drilling spool and all ram type preventers must be equipped with stem extensions, universal joints if needed, and hand wheels which are to extend beyond the edge of the derrick substructure. All other valves are to be equipped with handles.

\* To include derrick floor mounted controls.

#### CHOKES MANIFOLD DETAIL



ADDITIONS - DELETIONS - CHANGES  
SPECIFY

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NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form 10-1  
Supersedes C-104  
Effective 1-1-85

(If well is located on the outer boundaries of the section)

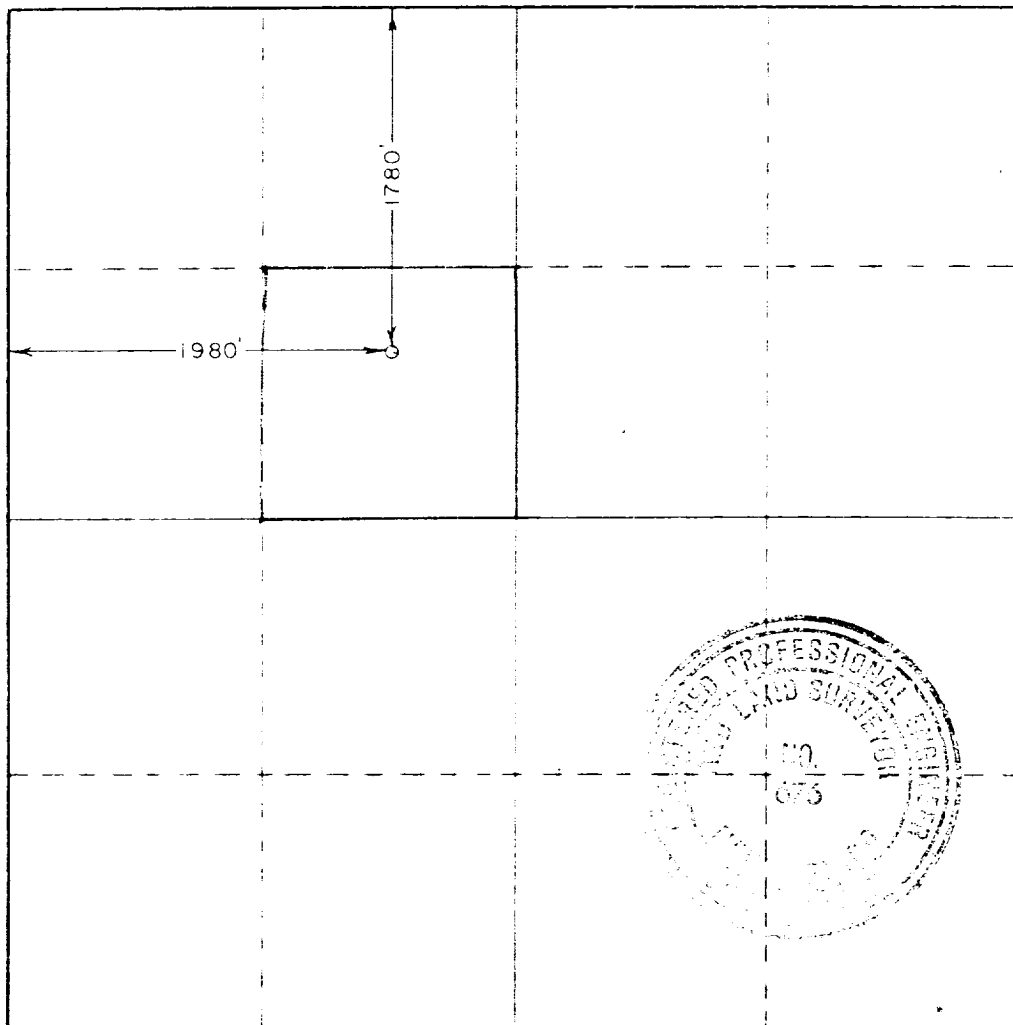
Operator <b>GULF OIL CORP.</b>		Lease <b>LEA TZ STATE</b>		Area <b>4</b>
Section <b>F</b>	Section <b>16</b>	Township <b>19 S</b>	Range <b>35 E</b>	County <b>LEA</b>
Actual, Proposed Location of Well:				
<b>1780</b>	feet from the	<b>NORTH</b>	line and	<b>1980</b>
				<b>WEST</b>
Ground Level Elev. <b>3795.8</b>	Producing Formation <i>Helfcamp</i>		Pore <i>Schacht Helfcamp</i>	Estimated Production <i>40</i>

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 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.

*L.C. Anderson*

**R.C. ANDERSON**

**AREA PROD. MGR.**

**GULF OIL CORP**

**1-30-84**

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

**1-27-84**

Registered Professional Engineer  
in Oil and Gas Surveying

*John W. West*

Certificate No. **JOHN W. WEST, 576**

**RONALD J. EIDSON, 3239**

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