

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

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

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-101
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address CROSS TIMBERS OPERATING COMPANY 3000 N. Garfield, Suite 175 Midland, Texas 79705		² OGRID Number 005380
		³ API Number 30 - 025-29793
⁴ Property Code 003344	⁵ Property Name Cardinal	⁶ Well No. 1

⁷Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
G	27	19S	38E		2110	North	1650	East	Lea

⁸Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
⁹ Proposed Pool 1 Nadine Blinebry (47395)					¹⁰ Proposed Pool 2				

¹¹ Work Type Code P	¹² Well Type Code O	¹³ Cable/Rotary	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation 3587
¹⁶ Multiple No	¹⁷ Proposed Depth 6400	¹⁸ Formation Blinebry	¹⁹ Contractor --	²⁰ Spud Date

²¹Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17-1/2"	13-3/8"	61	195	200	Surf
12-1/4"	8-5/8"	24	1555	800	Surf
7-7/8"	5-1/2"	15.5 & 17	7400	1,245	3,290'

²²Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

1. Rig up pulling unit. Install double ram BOP. POH w/rods & tbg.
2. Plugback above existing perms.
3. Perforate Blinebry 5,921'-6,315' (37 holes).
4. Acidize perms in three separate groups w/2,000 gals 15% NEFE HCL acid w/ball sealers per group. Swab test as needed.
5. Frac Blinebry perms based on swab test results w/20,000 gals x-linked gelled wtr carrying 50,000# 20/40 Ottawa Sd.
6. Run tbg & rods. Remove BOP. Rig down pulling unit. Start well pumping.

Permit Expires 1 Year From Approval
Date Unless Being Underway

Plugback

²³I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Ray F. Martin

Printed name: Ray F. Martin

Title: Operations Engineer

OIL CONSERVATION DIVISION

Approved By: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:

Approval Date: AUG 25 1997

Expiration Date:

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Form C-102

Revised October 18, 1994

Instructions on back

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State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-29793	2 Pool Code 47395	3 Pool Name Nadine Blinebry
4 Property Code 003344	5 Property Name Cardinal	6 Well Number 1
7 OGRID No. 005380	8 Operator Name CROSS TIMBERS OPERATING COMPANY	9 Elevation 3587 GR

10 Surface Location

UL or lot no. G	Section 27	Township 19S	Range 38E	Lot Idn	Feet from the 2110	North/South line North	Feet from the 1650	East/West Line East	County Lea
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11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
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12 Dedicated Acres 40.00	13 Joint or Infill N	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16		17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i> Signature <u>Ray F. Martin</u> Printed Name <u>Ray F. Martin</u> Title <u>Operation Engineer</u> Date <u>08-13-97</u>
		18 SURVEYOR CERTIFICATION <i>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 belief.</i> Date of Survey _____ Signature and Seal of Professional Surveyer: _____ Certificate Number _____