

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-101
Revised February 10, 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

Operator Name and Address. Cross Timbers Operating Company P.O. Box 52070 Midland, Texas 79710-2070		OGRID Number 005380
Property Code 003345	Property Name Christmas	APT Number 30-025-29048
		Well No. 2

Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	7	20S	38 E		380	North	420	East	Lea

Proposed 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
Proposed Pool 1 Nadine; Tubb, West					Proposed Pool 2				

Work Type Code P	Well Type Code O	Cable/Rotary	Lease Type Code P	Ground Level Elevation 3567.5'
Multiple No	Proposed Depth 6615'	Formation 6356'	Contractor Not selected	Spud Date 12/95

Proposed Casing and Cement Program					
Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
12 1/4"	8 7/8"	24	1506'	725'	Surf
7 7/8"	5 1/2"	15.5 & 17	7478'	1470	500'

Describe 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 workover rig. Install manual double ram (blind & pipe) BOP.
2. Cement squeeze existing Blinbry perms fr/5846'-72'. Drill out cement squeeze & test.
3. Pull RBP @ 6565'.
4. Set CIBP w/ 20' cement cap @ 6635' over old Drinkard perms top @ 6654'.
5. Perforate Tubb fr/6460'-6552'.
6. Acidize Tubb perms w/ 2000 gals 15% NEFE HCL acid w/ BS. Swab test.
7. Frac. Tubb perms w/ approximately 33,000 gals + 150,000# 16/20 sand. Swab test.
8. Run production tubing. Complete flowing or on pump as needed.

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

Signature: Roy F. Martin
Printed name: RAY F. MARTIN
Title: Operations Engineer

Date: 12/6/95
Phone: 915-682-8873

OIL CONSERVATION DIVISION	
Approved by: ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	Title:
Approval Date: JAN 12 1996	Expiration Date:
Conditions of Approval: Attached ☐	

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

DEC 1 1995

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Form C-102
Revised February 10, 1994
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State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-29048		Pool Code 47530		Pool Name Nadine ; Tubb ; West	
Property Code 003345		Property Name Christmas			
OGRID No. 005380		Operator Name Cross Timbers Operating Company			
					Well Number 2
					Elevation 3567.5'

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
A	7	20S	38E		380	North	420	East	Lea

Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Dedica 1 Acres 40	Joint or Infill N	Consolidation Code	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 hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. <u>Ray F. Martin</u> Signature RAY F. MARTIN Printed Name Operations Engineer Title 12/8/95 Date 14
				18 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 belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number	