

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)

30-025-31006

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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 ☐

7. Lease Name or Unit Agreement Name

House

2. Name of Operator

Seay Exploration, Inc.

8. Well No.

1

3. Address of Operator

407 N. Big Spring, Suite 200, Midland, Texas 79701

9. Pool name or Wildcat

House Drinkard and Abo

4. Well Location

Unit Letter

D

: 330

Feet From The

North

Line and

330

Feet From The

West

Line

Section

13

Township

20-S

Range

38-E

NMPM

Lea

County

10. Proposed Depth

7800'

11. Formation

ABO

12. Rotary or C.T.

Rotary

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

GR 3557 est.

14. Kind & Status Plug Bond

Cash Collateral Bond

15. Drilling Contractor

Rod Ric

16. Approx. Date Work will start

10-7-90

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	1600	1060	Surface
7-7/8"	4-1/2"	10.5 & 11.6	7650	775	4800

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 herein is true and complete to the best of my knowledge and belief

SIGNATURE

TITLE

Agent

DATE 9-21-90

TYPE OF PRINT NAME

Ann E. Ritchie

(915) TELEPHONE NO 684-6381

(This space for State Use)

ORIGINAL OWNED BY JERRY SEXTON  
JERRY SEXTON SUPERVISOR

APPROVED BY

TITLE

DATE

1990

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>SEAY EXPLORATION, INC.</b>			Lease <b>HOUSE</b>		Well No. <b>1</b>
Unit Letter <b>"D"</b>	Section <b>13</b>	Township <b>-20-S</b>	Range <b>-38-E</b>	County <b>LEA</b>	
Actual Footage Location of Well: <b>330</b> feet from the <b>NORTH</b> line and <b>330</b> feet from the <b>WEST</b> line					
Ground level Elev. <b>3561</b>	Producing Formation <b>DRINKARD/ABO</b>		Pool <b>DRINKARD/ABO</b>		Dedicated Acreage: <b>40</b> Acres

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 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.

330' #1 SEAY EXPL. "HOUSE" LEASE			

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

Position

Company

Date

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

SEPTEMBER 20, 1990

Signature & Seal of  
Professional Surveyor

MAX A. SCHUMANN, JR.

Certificate No.

1510

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

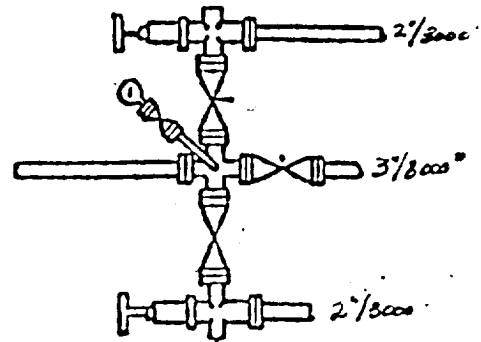
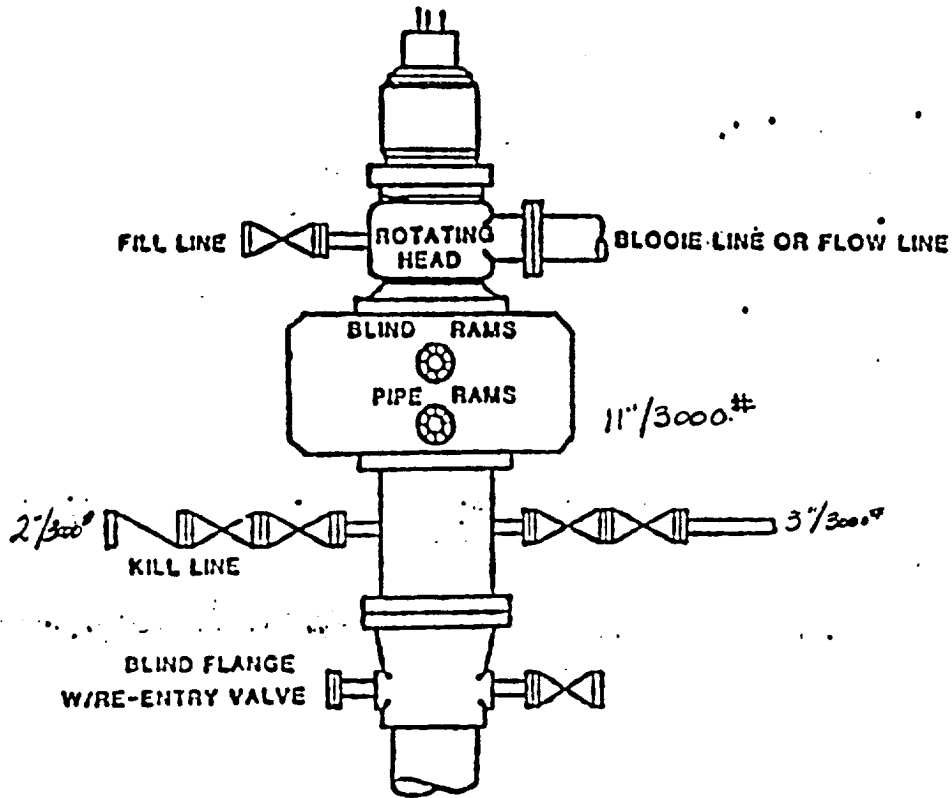
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SEP 24 1990

OLD  
HOUSE OFFICE



# ROD RIC CORPORATION



cbt-1-1 8207

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SEP 24 1990

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