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Form 3160-3 (August 1999)					FORM APPROVED OMB No 1004-0136 Expires November 30, 2000	
UNITED STATES DEPARTMENT OF THE INFERIOR					5. Lease Serial No.	
BUREAU OF LAND MANAGEMENT					NM-0202296 6. If Indian, Allottee or Tribe Name	
APPLICATION F	OR PERMIT TO DE		EENTER		6. If Indian, Allottee of Tr	ibe Name
Ia. Type of Work: DRILL REENTER					7. If Unit or CA Agreement, Name and No.	
1b. Type of Well: Oil Well Gas Well Other Single Zone Multiple Zone					8. Lease Name and Well No. Minis 2(R) Federal, Well #1	
2. Name of Operator Samson Resources Co.					9. API Well No. 30-025-3	4449
3a. Address     3b. Phone No. (include area code)					10: Field and Pool, or Exploratory in Control of Exploratory in Action of the Action	
Samson PlazaTwo W. 2nd St. Tulsa, OK 74103 (918) 591-1821						
4 Location of Well (Report location clearly and in accordance with any State requirements. *)					11. Sec., T., R., M., or Blk. and Survey or Area	
At surface 3630' FSL & 660' FEL	<u> </u>					
At proposed prod. zone same					Sec. 2-T21S-R32E	
14 Distance in miles and direction from nearest town or post office*					12. County or Parish	13. State
39 miles northeast of Carlsbad. NM				Lea	NM	
15 Distance from proposed* location to nearest property or lease line, ft		16. No. of .	Acres in lease	17. Spacing	g Unit dedicated to this well	
(Also to nearest drig unit line, if any) 660'				40		
18 Distance from proposed location* to nearest well, drilling, completed. N/A applied for, on this lease, ft				20. BLM/B	1/BIA Bond No. on file	
21. Elevations (Show whether DF, KDB, RT, GL, etc.)		22. Approximate date work will start*			23. Estimated duration	· · · · · ·
3739' GL			4, 2002		2 · 3 weeks	
Sectorary's Potash	R-111-F Peterst	24. Atta	chments	Carlabad	Controlled Water Ba	ein
<ol> <li>Fhe following, completed in accordance with</li> <li>Well plat certified by a registered surveyor</li> <li>A Drilling Plan.</li> <li>A Surface Use Plan (if the location is o SUPO shall be filed with the appropriate</li> </ol>	n n National Forest System		4. Bond to cove liem 20 abov 5. Operator cert	r the operations (e). ification. ite specific info	: unless covered by an existi rmation and/or plans as may	-
25 Signature	Name (Printed Typed)			Date		
title the second	An the	Ge	orge R. Smith		11,	16.01
Agent for Samson Resources Co.					· · · · · · · · · · · · · · · · · · ·	
Approved by (Signature) (SI R:CHARO 2 )		Name (Printed Typed)		Date	IAN 1 2002	
ASSOC. STATE DIRECT	05	Offic	e N	M STATE	OFFICE	
Application approval does not warrant or cert operations thereon Conditions of approval, if any, are attached	ify that the applicant holds	legal or equita	ble title to those righ		lease which would entitle the PHOVAL HORS	
Fitle 18 U.S.C. Section 1001 and Title 43 U.S. States any false, fictitious or fraudulent state	.S.C. Section 1212, make ments or representations as	it a crime for a to any matter	ny person knowing within its jurisdiction	ly and willfully t	to make to any department or	agency of the United

\*(Instructions on reverse)

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Lease Responsibility Statement: Samson Resources Co. accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the leased land or portion thereof.

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George R. Smith, agent

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