

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised February 10, 1994

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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 Mobil Exploration & Producing U.S. Inc. As Agent for Mobil Producing TX & NM Inc. 12450 Greenspoint Drive Houston, TX 77060-1991		² OGRID Number 15144
		³ API Number 30-025-10142
⁴ Property Code 8020	⁵ Property Name BRUNSON ARGO	⁶ Well Number 10

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	9	22-S	37-E		1880	NORTH	1971	EAST	LEA

⁸ 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
⁹ Proposed Pool 1 TUBB OIL & GAS					¹⁰ Proposed Pool 2				

¹¹ Work Type Code PLUG BACK	¹² Well Type Code G	¹³ Cable/Rotary ROTARY	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation 3448'
¹⁶ Multiple No	¹⁷ Proposed Depth 5913-6225'	¹⁸ Formations Tubb	¹⁹ Contractor UNKNOWN	²⁰ Spud Date ASAP

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC

²² 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
SUBJECT WELL IS CURRENTLY COMPLETED IN THE DRINKARD (6412-6559'). PERMISSION IS REQUESTED TO SET A CIBP W/10' OF CEMENT ABOVE PRESENT PERFS AND COMPLETE IN THE TUBB (5913-6225').

Permit Expires 6 Months From Approval
Date Unless ~~Drilling Underway.~~
Plug Back

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>Bobbie R. Brown</i>		Approved by: ORIGINAL SIGNED BY JERRY SEXTON	
Printed name: BOBBIE R. BROWN		Title: DISTRICT I SUPERVISOR	
Title: ENV. & REG. TECH. II		Approval Date: AUG 04 1994	Expiration Date:
Date: JULY 28, 1991	Phone: (713) 775-2099	Conditions of Approval: Attached <input type="checkbox"/>	

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USENTOBDD
OFFICE

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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-10142		² Pool Code 86440		³ Pool Name TUBB OIL & GAS	
⁴ Property Code 8020		⁵ Property Name BRUNSON ARGO			⁶ Well Number 10
⁷ OGRID No. 15144		⁸ Operator Name Mobil Exploration & Producing U.S. Inc. As Agent for Mobil Producing TX & NM Inc.			⁹ Elevation 3448'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	9	22-S	37-E		1880	NORTH	1971	EAST	LEA

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

¹² Dedicated Acres 160	¹³ Joint or Infill	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

		1880'		¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature: <u>Bobbie R. Brown</u> Printed Name: <u>Bobbie R. Brown</u> Title: <u>Env. & Reg. Tech. II</u> Date: _____
		10	1971'	
	T22S	R37E		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: _____

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COMMUNITY
OFFICE